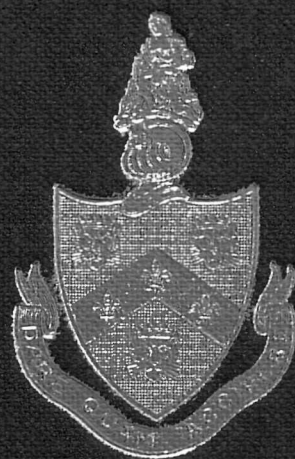


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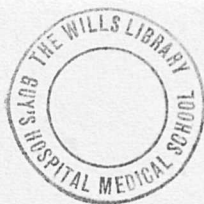
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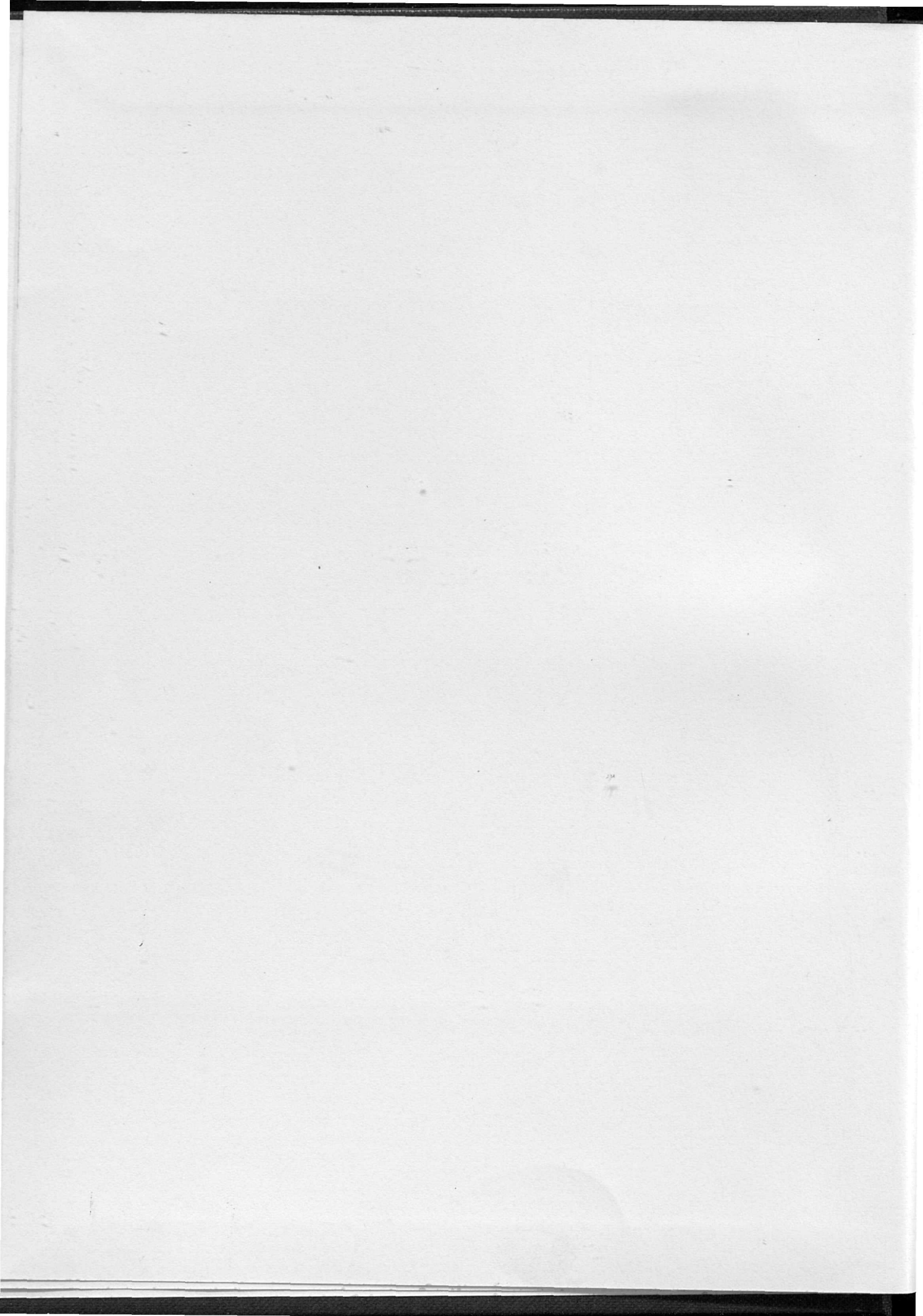


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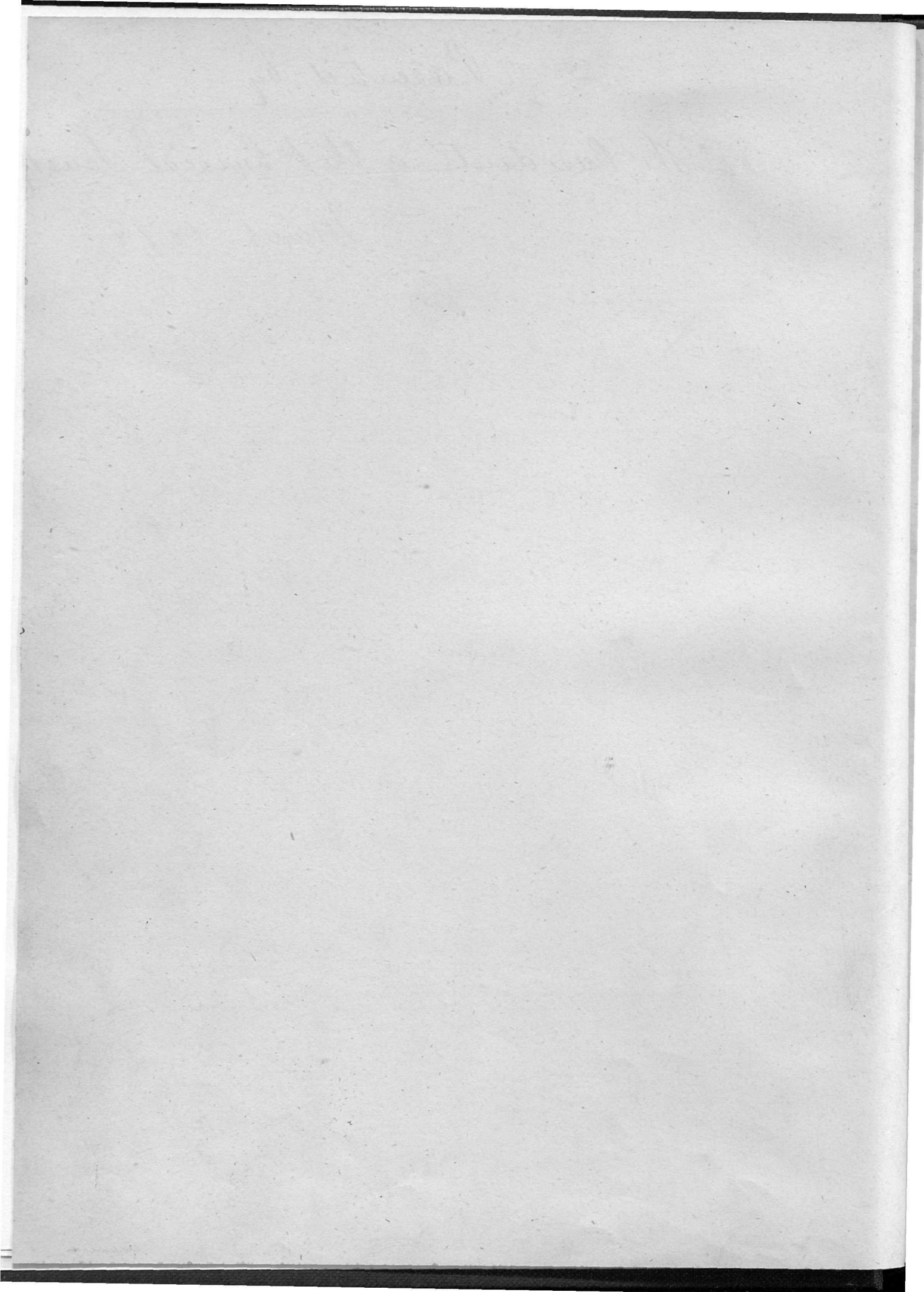




Presented by

The Presidents of the Physical Society

March. 1878



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[We are indebted to Mr. Blaker for his valuable assistance in preparing the above index.]

Hospital



Gazette.

A Students' Journal of Hospital News, Medicine, and Surgery.

Vol. VI.—No. 1.]

SATURDAY, MAY 1, 1875.

[TWO PENCE.]

WE are pleased to be able to announce that the Course of Lectures on Medicine, by Dr. WILKS, which appeared in the columns of this Journal, is now published in the form of a small book. We need hardly recommend these Lectures to our readers. As a clear and concise exposition of the subjects of which they treat, they commend themselves to every member of our profession. To students preparing for examinations they will be of especial value, since they put forward in the plainest terms, and in a pleasant, readable form, those main facts in disease which the author, as an examiner, is bound to require that every student should be acquainted with. But, apart from these considerations, they possess an intrinsic merit which will place them above the level of any ordinary Medical Manual, inasmuch as they embody the rare and extensive experience of one of the most distinguished physicians in London. As there will be a limited number of copies printed, we strongly advise our fellow-students to order at once such copies as they may require. This may be done by letter addressed to Mr. H. WILLIAMS, Accountant's Office, Guy's Hospital, S.E., or by personal application at the Office between the hours of 2 and 4 p.m. The book is published at 3s. 6d., and any profits which may result from its sale will be directed to the maintenance of this Journal.

NO Guy's man need be without a practical acquaintance with the details of surgical dressing. But Guy's dressers boast more advantages than this. From dressers in the surgery upwards, they all have, more or less, opportunities of performing minor operations. Most, if

not all, of our surgeons are anxious to let their dressers do anything which can safely be entrusted to them. Of course, some are more liberal than others. But we think it is very desirable that students should not only have the opportunity of seeing operations performed, but that, as far as due consideration for the patients will allow, they should be permitted themselves to operate. Many surgeons think that they are not justified in giving to a student any operation except the very simplest that can be found. They imagine that perhaps the patient will do a little better if he has the advantage of their own superior skill. And this consideration weighs so heavily upon their minds, that their dressers are allowed but little opportunity of gaining a practical acquaintance with minor operative surgery, which would prove of the greatest benefit to the patients whom they may have under their care, when they enter upon the responsibilities of practice. Of course, we would not for a moment urge that a man should be allowed to undertake a responsibility for which he is really unfit. But we think that in many cases surgeons do a great deal which the dressers might be allowed to do. Still more privileges might be allowed to a qualified House Surgeon. We think that the rule at Guy's, that the House Surgeon should operate in cases requiring tracheotomy, is a very good one. Nor does it appear at all contrary to what is right, that our present House Surgeon, Mr. Williams, has three times been called upon to perform a capital amputation. Not a few, perhaps, would be inclined to shrug their shoulders, and suggest that dressers and house surgeons had better confine their attentions to less responsible duties. But let us put the

question from another point of view. A man must operate for the first time somehow. Shall this be in a place where he is surrounded with every convenience and help, with almost always the presence of his superior officer to guide him in a difficulty, and prevent him from making any serious mistake, or shall it be where he feels that, if he bungles, there is no one to help him out, and if the first resource upon which he relies should fail, he has no means of procuring a second at once? We think that any one who calmly considers the question in this light will agree with us that it is really for the good of the community that men should be allowed to operate in the hospital as much as is consistent with their attainments.

NOTES ON HISTOLOGY.

(From DR. PYE-SMITH'S "*Demonstrations of Practical Physiology.*")

Continued from Page 228.

SEROUS AND MUCOUS MEMBRANES AND SKIN.

A section of the colon resembles in general characters that of an artery like the radial. There is an inner coat of epithelium and connective tissue, a middle one of unstriated muscle, and an outer one of fibrous tissue. But the external coat is bounded by endothelium, the middle is thicker, and the internal tunic is covered with columnar epithelium instead of tessellated endothelium, is provided with glands, and has less elastic tissue in its corium.

The external *serous membrane* is made up of thin, flat, more or less oval nucleated cells, with wavy borders, and numerous "stomata" between them, which open into lymph-spaces; and these rest upon a thin layer of vascular connective soaked with lymph or plasma, and often containing in its loose deeper layers more or less fat cells (subperitoneal fat). This structure is essentially what is found in all serous and synovial membranes.

Mucous membranes offer greater variety of structure. They all agree in lining cavities which open on the surface of the body and in possessing glands, but differ in the form, arrangement and thickness of their epithelium, in the thickness and vascularity of the subjacent "corium," and in the prevalence of fat-cells or of leucocytes in its deeper layers, forming respectively adipose and adenoid tissue.

Take the ileum as an example. Make a transverse section of a piece which has been dried by soaking in alcohol, and then filled with melted paraffin and tied in lengths. Put a successful section in water to detach the paraffin, and allow it to imbibe moisture again; stain it with carmine (or with logwood), and examine with a low power. Outside is seen the thin layer of peritoneum, its endothelium and subjacent connective tissue—the denser layer or corium, and the looser or subserous tissue, with perhaps a good deal of fat. Next come the cut ends of the longitudinal fasciculi of unstriated fibres, and the circular bundles of transverse muscle. Then the mucous membrane, consisting of (1) a thick layer of

retiform connective with leucocytes in its meshes, constituting diffuse adenoid or cytogenic tissue (of which more hereafter); (2) a thin layer of unstriated fibres—*muscularis mucosæ*; (3) the vascular corium (or "mucosa," as German writers term it), bounded it may be by a basement membrane, which, when present, is probably to be regarded as made up of a single layer of endothelial cells and homologous with the sarcolemma of striated muscle; (4) a layer of columnar epithelium. The epithelium is seen dipping down to form deep pits in the corium (the tubular glands, to be returned to presently), and covering long club-shaped processes into which the corium rises—the villi which give the velvety aspect to the inner surface of the small intestines. Here, however, the epithelial cells will often be found to have been shed after death.

For another example, make a section of the mucous membrane of a tongue, hardened by spirit and partial drying. Here the epithelium will be of the scaly kind already examined, disposed in several layers, of which the upper are larger and more horny, the deeper rounder and smaller. Numerous fungiform papillæ will be seen, resembling the villi of the intestines, projections of the vascular corium, covered with the non-vascular epithelium. But beside these there are seen in still greater abundance (especially if the tongue be a dog's) smaller, broader-based papillæ, either single or with several secondary pointed processes, and these are made up entirely of epithelium without any corium: they are the filiform papillæ. Dipping down between the papillæ will appear pits, like the glands of the intestine, but much less numerous, shorter, dilating at the blind end, and often dividing into two or more secondary pits or pouches. These are the muciparous glands. Lastly, the corium is very thin, and has no subjacent layer of adenoid connective tissue, but is directly in contact with the fasciculi of striated muscle and lobules of fat which make up the substance of the tongue.

Skin agrees in its general characters with mucous membrane. Its epithelium is squamous and arranged in many layers; its basement membrane is usually not demonstrable; its corium forms vascular processes like the papillæ fungiformes of the tongue, and its sub-cutaneous connective-tissue answers to the sub-mucous layers, which contain more or less fat and no adenoid texture. The chief difference is in the kind of glands and in the presence of hair.

To see the structure of skin, cut as thin sections as possible with a sharp razor, kept whetted with spirit, of fresh human skin laid between pieces of carrot. This will show the general relations of the parts, and the epithelium *in situ*. Skin which has been hardened in spirit or chromic acid shows the deeper parts better, but more or less of the epithelium is apt to fall off in making the section, if not before. To prevent this, "imbed" it while fresh, by filling a little box of blotting paper with thick solution of gum, putting in a fragment of skin, shutting it in, and soaking the whole in alcohol, until the water is absorbed, so as to harden the skin and convert the mucilage into a mass of the consistence of soap, which cuts excellently. Skin, simply dried until it becomes horny and semi-transparent, sometimes gives good sections. All but the chromic acid specimens should be stained.

To see the rete malpighii to advantage, use a negro's skin when opportunity offers, or that of the muzzle and pads of a dog. For the hair follicles and sebaceous glands, use the human scalp, and the skin of a dog or rabbit; for the sweat-glands, the skin of the fingers, half-dried, from the dissecting-room (as also for the nails and their matrix),

that of the axilla, cut thick, hardened in spirit and stained, or the pads of a dog's foot.

By these means you will ascertain that the epithelium (epidermis) consists of two layers, an external one of dead, flat, corneous cells, called the horny cuticle, and a deeper one of young, round cells, with distinct nuclei and more or less pigment, which is known as the malpighian or "rete mucosum." The corium (cutis vera, or derm) consists again of a denser layer of felted white and yellow fibres, immediately underlying the epidermis, and called the papillary layer, and a less vascular, looser network of connective tissue (the deep layer of cutis), which gradually becomes more and more open, loses more of its elastic constituents, and acquires masses of fat between its bundles of fibres. It is then no longer reckoned as part of the skin, but forms the subcutaneous areolar (usually adipose) tissue, which reaches down to the dense white fibres of periosteum or deep fascia. This division is the more important to remember, because, though we may speak anatomically of two layers of integument, the non-vascular epidermis and the vascular connective tissue which reaches from the hypothetical basement membrane to the subjacent muscle or bone, yet physiologically (and hence pathologically, *i.e.*, for us practically), the division is rather into (1) dead horny cuticle; (2) living malpighian layer and papillary layer; (3) deep layer of cutis and subcutaneous adipose tissue. Diseases of the cuticle are rare and comparatively unimportant. In superficial inflammations the papillae and malpighian layer are involved together, and fluid is effused between them and the horny cuticle. (Hence, a blister ought not to bleed, and the skin raised by a blister on a negro's head is white, the floor only is dark.) In deep inflammation, the deeper layer of cutis and subcutaneous fascia are involved together, and only in these is there a scar left.

ALCOHOL: A DRUG, FOOD, OR POISON?

BY R. E. CARRINGTON.

BEING THE PRIZE ESSAY OF THE PHYSICAL SOCIETY.

(Continued.)

With the following there was decrease in two cases, and a varied result with one.

A. WHISKY.— $\frac{3}{4}$ ij. of whisky (45 per cent. alcohol) in $\frac{3}{4}$ vi. of cold water. Average decrease CO_2 , 0.33 grs. per minute.

B. $\frac{3}{4}$ ij. of same caused average decrease CO_2 ; expired 0.57 in Dr. Smith; but in his friend an average increase of 0.29.

The effects varied much during the course of the experiments, and indicated rather a disturbance of vital function.

GIN.—The effect of this spirit was to produce the greatest decrease of any.

$\frac{3}{4}$ ij. of fine old gin caused a decrease of CO_2 in grs. per minute, of 1.52 grs. as a maximum, and 0.65 on an average of 86 minutes. On another occasion the mean diminution was 0.46 grs. per minute, and there was diminution in amount of air respired of 56 and 43 cubic inches.

BRANDY—which of all spirits presents the nearest affinity to pure alcohol, differs from it in diminishing CO_2 expired.

A. $\frac{3}{4}$ ss. of excellent brandy caused average decrease in grains per minute of 0.38 grs.

In another case the decrease was 0.38 per minute, and

the quantity of air expired fell 42, 37, and 34 cubic inches in different experiments.

These observations, then, seem indubitably to point out that the liquors strongest in alcohol differ *inter se* in their effect upon the vital functions; and this effect is by no means small when we consider the quantity of CO_2 expired per minute in health, for it was found by Dr. E. Smith, by collecting the whole of CO_2 expired during 24 hours, that it would amount to an average of 5.7 grs. per minute. The average of a number of observations gives 2.6 grs. per minute. Also with regard to the amount of air respired, this was found to average 502 cubic inches. Of these numbers the increase and diminutions after use of alcoholics will be found to be no inconsiderable fractions. It will be observed that these observations were all made with quantities of liquors, containing an amount of alcohol within the quantity found by Drs. Anstie and Parkes as capable of destruction in the human organism; but Dr. Richardson finds that when large quantities are given, with the fall of temperature there is a fall of CO_2 expired, and this may result to one-third of the whole quantity. Dr. Ringer also expresses his belief in the diminution, and even Dr. Smith looks upon these substances more as disturbing agents than as bodies that would regularly increase the vital function of respiration. The elimination of urea is an important sign of vital changes going on in the body, and the effect of alcohol upon this is generally stated to lower the amount. This is what Dr. E. Smith finds, and Dr. Ringer also states that there is a considerable diminution. Dr. Parkes' experiments show that in dietetic doses there is no alteration in the average amount of urea excreted. He quotes an observation of Obernier upon the urine of a man unable to swallow. The same quantity of alcohol was administered daily, on two days out of seven, with the effect of lessening the amount of urea. I have made some observations on this point, first taking the average amount of urea excreted after some weeks' total abstinence, and then when alcoholic liquor was taken in a moderate quantity per diem. I find no difference, but that the quantity of urea varies somewhat on different occasions. I wished to ascertain if there were any marked differences during the ordinary routine of every-day life, with or without alcohol, and I find none; and when we consider that urea is furnished partly by the food and partly by decomposition of tissue, one can readily account for the somewhat considerable variations, and they were as great when no alcohol was taken as in the opposite case. The low quantity of urea is probably to be accounted for by the fact that the persons under observation were not great consumers of animal diet, and thus the "luxus albumen" was at a minimum. The absence of a meal in the course of the day caused a considerable diminution of urea, but the effect of alcoholic regimen was not noticeable to any great degree.

First Case.—Male, æt. 19. Without beer Jan. 23 and 24, 10 a.m. to 10 a.m. No. grs. of urea, 306. Quantity of urine, 20 fluid $\frac{3}{4}$.

January 26 and 27, 10 a.m. to 10 a.m. No. of grs. of urea, 304.25. Quantity of urine, 56 fluid $\frac{3}{4}$.

Average urea without beer, 305.57.

With beer, Feb. 18 and 19, 8 a.m. to 8 a.m. No. of grs. of urea, 277.2. Quantity of urine, 44 fluid $\frac{3}{4}$. Average Oiss. beer daily.

February 23 and 24, 10 a.m. to 10 a.m. No. of grs. of urea, 332.5. Quantity of urine, 40 fluid $\frac{3}{4}$.

Average urea with beer, 304.85.

In this case it will be seen that there is no diminution

when an average of the observations is taken; but on noticing the figures with beer on one occasion, the number of grains of urea was considerably less, and the other considerably more, than when no alcohol was made use of.

Case No. 2.—Male, æt. 20. *Without beer.* January 23 and 24, 10 a.m. to 10 a.m. No. of grs. of urea, 290·06. Quantity of urine, 34 fluid ℥.

January 27 and 28, 10 a.m. to 10 a.m. No. of grs. of urea, 330·75. Quantity of urine, 27 fluid ℥.

Average of these two observations—306·93.

Also *without beer*, February 12 and 13, 10 a.m. to 10 a.m. No. of grs. of urea, 375·26. Quantity of urine, 36·5 fluid ℥. February 13 and 14, 10 a.m. to 10 a.m. No. of grs. of urea, 278·9. Quantity of urine, 42·5 fluid ℥. February 14 and 15, 10 a.m. to 10 a.m. No. of grs. of urea, 297·5. Quantity of urine, 45·5 fluid ℥.

Average, 317·21.

Case No. 2, with beer. Average, Oij. beer daily. Feb. 21 and 22, 10 a.m. to 10 a.m. No. of grs. urea, 271·5. Quantity of urine, 58 fluid ℥. Feb. 23 and 24, 10 a.m. to 10 a.m. No. of grs. urea, 255·06. Quantity of urine, 26·5 fluid ℥. Feb. 25 and 26, 10 a.m. to 10 a.m. No. of grs. urea, 328·14. Quantity of urine, 37 fluid ℥.

Average urea in grains, 284·9.

It will thus be seen that there was a diminution after the use of beer, in the one case, of 22·03 grs., and in the other 32·31 grs.; but I find that there is quite as much variation (and in one instance this was very marked) in the number of grains excreted, when no alcoholic liquor was made use of.

Taking these things into consideration, we have the following facts:—We have a substance readily capable of oxidation, and we find that in the course of its transit through the body that there is considerable disappearance, and that it is not, when injected under a certain amount, capable of detection in any quantity in the excretions. Allowing, then, that the amount lost is oxidized, how are we to account for the diminution of temperature? and though this be small in amount, and limited from 3·4° to 3° F., yet when we consider that the loss of heat affects the whole body, the total quantity of heat or force lost is something very considerable. Dr. Carpenter concludes that a rise of temperature of 4° or 5° corresponds to an amount of force capable of lifting the body through a mile of vertical height per diem; and if a rise exhibits so much force expended, a fall below normal must mean so much lost. There are the facts, and it seems to me the conclusion is forced upon us that alcohol is not at all comparable in its effects to other calorific food, though it has an equal power of absorbing oxygen. Alcohol is produced by the decomposition of sugar, and a product of decomposition has a lower heat power than the body from which it is derived.

(To be Continued.)

STUDENTS BIBLE CLASS.—The Meetings for the Summer Session will be held every Thursday in the Medical Officers' Room at 4.30 p.m., concluding precisely at 5.30. These meetings are open to all Guy's Students, the only condition being the recognition of the Divine Authorship of Scripture.

Meetings of a similar character are also held in connection with St. Bartholomew's, St. George's, King's College, London, St. Mary's St. Thomas's, and University College Hospitals, under the auspices of the Medical Prayer Union. Mr. Arthur H. Jones, the Secretary, will furnish any further information.

Operations.

FRIDAY, APRIL 16.

Mr. Durham operated on a man æt. 37 affected with malignant disease of the submaxillary gland of the left side. Twelve months previously a small piece of patient's cheek close to the left commissure of the mouth had been removed for epithelioma. The tumour is about the size of an orange, not adherent, though intimately connected with the lower jaw. There are a few nodules of epitheliomatous growth in the mucous membrane of the mouth, close to the position of the former disease. An incision was made the whole length of the tumour, and it was dissected from above downwards; it was adherent to the periosteum of the lower jaw, which was detached, and the bone left bare for two inches. The mucous membrane alone separated the wound from the floor of the mouth. An incision was then made upwards at right angles to the former one, and the portion of the cheek affected cut away. The edges of the wound were brought together and fastened by sutures. The patient is doing well.

TUESDAY, APRIL 20.

Mr. Durham operated on a man, æt. 75, with a cervical gland affected with malignant disease. Twelve months previously Mr. Durham removed an epithelioma the size of the palm of the hand from the side of the man's neck, in which operation part of the sterno-mastoid muscle and the facial nerve was removed. The present tumour has been growing for ten months, and rapidly increasing lately. A triangular incision was made round the tumour, and it was dissected from before backwards; it was intimately connected with the internal jugular vein. The following structures were also exposed: the scaleni, medius and posticus, the levator anguli scapulae, the edge of the trapezius, and the brachial plexus; the superficial cervical plexus was absorbed by the tumour, and cut away with it. The wound was dressed with lint soaked in carbolic oil and left to granulate. The patient is doing well.

FRIDAY, APRIL 23.

Mr. Forster removed an exostosis from the lower jaw of a boy aged 14. The tumour had been growing for a year, at times causing considerable pain. Four months ago he had a carious tooth removed from near the situation of the growth without benefit. It had no pedicle, and was composed of soft bone.

Mr. Baker (Mr. Forster's dresser) removed an epithelioma from the lower lip of a man; a similar tumour had been removed eighteen months ago.

Mr. Bryant removed a small piece of necrosed bone from the lower part of the tibia of a boy, from whom twelve months ago he removed the entire shaft of the tibia for necrosis, following acute osteitis, the result of an injury. On the present occasion a considerable thickness of the newly formed tibia had to be removed before the dead bone was reached.

The next operation was for webbed fingers. Mr. Bryant perforated the webs at their upper part by means of the cautery, and introduced aluminium wire into the perforations with the object of establishing permanent openings.

Mr. Durham operated on a married woman æt. 23, for recto-vaginal fistula. The patient had her first child five months ago, and was treated with ergot, with the above result. The fistula would admit a good-sized probe, and was situated four inches up the vagina. The vagina was narrowed by cicatricial tissue. Incisions were first made on either side of vagina and the anterior wall of the vagina held up with a speculum. An incision was then made round the fistula about two lines from its edge, and the new edges were then drawn together so as to fold in the edges of the fistula, and were fastened on perforated shot with fine fishing-gut.

A man, æt. 35, was brought into the theatre for operation. A month ago he received a kick in the perineum, which ruptured the urethra. On March 25th perineal section was performed, and he has continued to pass his water by the incision tip to present date. The smallest catheter cannot be passed into the bladder. Mr. Howse now proceeded to open the urethra. A catheter was then passed into the bladder, and incision allowed to granulate up in hopes of thus establishing a pervious passage.

Mr. Howse also performed resection of a femur for sloughing of the flaps after amputation.

In the ward Mr. Howse operated on a girl, æt. 19. Seven years ago she had her ears pierced and began to wear ear-rings; soon after the ears became swollen and very painful; they then suppurated, and when the discharge had ceased a little hard lump was left in the lobule of each ear, which increased in size for five years. They were then removed. Six months afterwards they were again removed. Also 8 months ago these lumps were excised, and to-day the growths having reappeared, they were removed for the third time in 2 years. The growth was found to be a spindle-celled sarcoma.

MONDAY, APRIL 26.

Mr. Forster operated for hare-lip on a child seven weeks old, bringing the edges together with a continuous silk suture.

TUESDAY, APRIL 27.

Mr. Howse performed excision of the knee joint on a boy, who has been an inmate of this Hospital for 2 years, having already undergone amputation at right hip joint, and is now suffering from pulpy disease of knee. On opening the joint in the usual manner a quantity of pus was found contained in cavities in the extremities of both femur and tibia, also a quantity of caseous material in the cancellous tissue. This was removed as far as possible by means of a gouge. The ends of the bones were then sawn off and patella removed, and the vessels were secured by catgut ligatures. The parts were brought into opposition and put up in an interrupted iron splint by means of bandages soaked in melted beeswax and carbolic acid. A groove was cut in the lower end of femur to allow of free drainage.

EYE WARDS.

MONDAY, APRIL 26.

1.—The patient was the subject of old granular lids, with distortion of the eyelids, allowing the cornea, which was opaque and vascular, to be exposed.

The margins of the eyelids of right eye were pared, and united by suture.

The left eye, which formerly had been in as bad a condition as the right, had previously been operated upon,

with a very good result, the cornea being now transparent, and there now being a small opening between the lids enabling the patient to see.

2.—Senile cataract in both eyes. The left eye was operated upon, extraction being performed, by a linear incision upwards with an associated iridectomy, and at the same time an iridectomy downwards in the right eye was done by the dresser, Mr. Gibb, previous to extraction at some future time.

3.—Senile cataract of both eyes. Left eye extraction with oblique corneal incision downwards. No iridectomy.

4.—Corneal opacity of left eye. Iridectomy downwards.

5.—Staphyloma in right eye with perforation of cornea, the result of purulent ophthalmia. Abcission was performed, and the conjunctiva closed over the remains of eye-ball with a suture. Mr. Higgins said that the object in the operation of abcission was to remove the whole of the ciliary processes, the ciliary portion of the eye-ball, and to leave the recti muscles attached to the sclerotic; by doing so you leave a moveable stump, on which to place an artificial eye.

6.—Cataract in left eye, extracted with oblique corneal incision downwards; no iridectomy.

We are indebted to MESSRS. BURTON and INGRAM for the Reports of the operations of MESSRS. DURHAM and HOWSE respectively; also to Mr. WILDING for the Report of the Eye Wards.

General News.

THERE is a case of Anæmia Lymphatica in 7 Clinical.

WE are glad to be able to report that Mr. Paul has quite recovered from his recent Scarlatina, and has left the Hospital. Mr. Newman is making a good recovery.

RESIDENTS. The following are on duty for the month of May:—

HOUSE PHYSICIANS ... Messrs. J. F. Fry, and H. Clarke.

JUNIOR HOUSE PHYSICIAN... Mr. Arthur H. Jones.

HOUSE SURGEON ... Mr. D. H. Forty.

JUNIOR HOUSE SURGEON ... Mr. W. H. Harsant.

SENIOR OBSTETRIC ... Mr. H. N. Smith.

JUNIOR OBSTETRIC ... Mr. J. C. Ferrier.

COLLEGE OF SURGEONS:—The following were the questions set at the recent Pass Examination:—

Surgery:—1. Give an account of the relations and coverings of the descending Colon; and then describe the several steps in the operation of Colotomy.—2. Describe the operation of tying the posterior Tibial artery in the middle of the leg, mentioning the parts necessarily divided.—3. In a case of compound fracture of the Leg, where you are doubting whether to amputate or not, what circumstances would guide your decision?—4. How would you treat a punctured wound of the Plantar arch, with recurrent hæmorrhage?—5 What are the varieties of stricture of the Rectum? and what are the pathological conditions to which each kind may be referred?—6. What are the pathological changes which occur in the origin, progress, and termination of acute Abscess?

Medicine:—1. Mention the chief causes which may give rise to sickness and vomiting; state how you would distinguish them, and the treatment you would adopt in each.—2. Describe the features of cases of Cardiac and Renal Dropsy; state how you would detect them, and the treatment to be adopted for their relief.—3. Mention the forms in which

Digitalis, Belladonna, and Hyoscyamus are used. State the purposes for which they are more especially suited, and the doses in which they should be given. State the effects produced by overdoses of Digitalis and Belladonna.—Write a prescription for a diuretic mixture.

THE following changes have been made in the Staff:—Mr. Birkett has resigned his position as Surgeon, and hence Mr. C. Forster is now Senior Surgeon. Mr. Howse has been elected Surgeon, and two Assistant Surgeons, Messrs. Lucas & Golding-Bird, have been appointed.

THE Voluntary Entrance Examination will take place on Oct. 7th, 8th and 9th at 10 a.m. The subjects are—Latin: *Ovid*, Epistles v. and vii. *Salust*: Cataline Conspiracy. Greek: *Euripides*, Hecuba. *Herodotus*, Book iii. (Candidates have the option of substituting French and German for Greek). French: *Voltaire's* Charles XII. German: *Schiller's* Wilhelm Tell. For the other subjects, see Advertisement.

Reports of Cases.

MALIGNANT DISEASE OF CALF OF LEG— AMPUTATION.

T. L., æt. 17, was admitted into Lazarus Ward under Mr. Howse.

Family History—Good.

Previous History.—Patient has never been strong, though he has enjoyed good health up to present time.

Present Disease.—About 2 months ago patient struck his shin somewhat severely, but took no notice of it, as it only caused some slight stiffness in the leg. Two weeks after this he noticed, when putting on a pair of socks, that one leg was bigger than the other, and from that time up to present date his leg has been getting gradually larger. Patient is sure there was no swelling there before the injury.

On Admission.—The left leg is much larger than the right. The swelling, which is somewhat ovoid in shape, occupies the whole of the back of the leg from the lower border of popliteal space to within 2 inches of the ankle joint. On manipulation it is found to be firm and elastic, somewhat lobulated, giving a vague sensation of fluctuation. Veins on inner side of leg are greatly distended. Pulsation can be felt over the whole tumour. It can be much lessened in size by compressing the femoral artery. Is not painful to the touch, and the skin is not discoloured; complains of cold in the foot. To-day Mr. Howse introduced an exploring trocar, and drew off a little gelatinous-looking matter, which under the microscope revealed round granular cells and blood corpuscles. Firmly adherent to deeper structures now measuring $13\frac{3}{4}$ inches round the calf. Glands in both groins much enlarged. Patient was originally admitted into Stephen Ward, suffering from obscure abdominal pains, which came on without any apparent cause. R. Pil Doveri, grs. v. h.n.s.

12th.—Pain in ankle, can't sleep at night.

14th.—Complains of flatulence, and pains in stomach. R. Mist Ammon. ζ i. t.d.s.

16th.—Patient having been conveyed to the theatre, Mr. Howse proceeded to operate. A deep incision was made down the back of the leg, and a quantity of currant-jelly like substance was turned out; Mr. Howse then proceeded to amputate just above knee joint, leaving long anterior flap and shorter posterior one. A section was then sawn off the femur just above the condyles, the patella being left. Vessels having been secured by catgut ligatures or torsion the parts were then brought together, but owing to the great amount of retraction which had taken place, a further resection of the femur was necessary. The flaps were then

secured by catgut sutures. The whole operation was performed under the carbolic spray. On examination of the leg, the growth appeared to spring from the interosseous membrane, infiltrating all the surrounding tissues. The microscope showed the growth to be encephaloid cancer.

17th.—There has been a good deal of bleeding, patient being of a decidedly hæmorrhagic diathesis. No pain. Tongue white and furred. Appetite good. P. 140, T. 100.8. Was dressed to-day. Subcut. inject. morphia.

18th.—A good deal of hæmorrhage. Two sutures removed. Clot of blood turned out. P. 130, T. 100.

19th.—Still oozing. P. 128, T. 100.

20th.—P. 128, T. 99.6.

21st.—P. 150, T. 101. Patient is not yet aware of his loss, and sometimes complains of pain in his left foot.

22nd.—P. 156, T. 100.4. All the sutures have been removed to-day, and blood clot turned out. A good deal is still adherent to the tissues.

23rd.—P. 144, T. 100.4. Slight appearance of healthy granulation.

We are indebted to Mr. Ingram for the above.

NOTES FROM THE WARDS.

A patient, about 40, was admitted last week with right hemiplegia (face and speech not affected). She was coming down stairs a few nights previously, when she slipped three steps, then lost consciousness, and fell other nine. She was picked up and remained insensible three-quarters of an hour. There was no cardiac affection, nor evidence of atheroma. A few days after admission she suddenly recovered the use of her arm, and in 2 days more almost as rapidly the leg got well.

Two interesting cases have been admitted into Clinical Ward well deserving of comparison. The first was a young man, who had been ill for some days with cough and shortness of breath. On admission the face was congested, the limbs cold, and the surface covered with cold moist sweat. P. 168, T. 103.7, R. 51. Moist sounds were heard all over the chest. He sank rapidly, and at P. M. extensive lobular pneumonia of both lungs was found. The second case was that of a middle-aged man, who came in the night after the last case, in as nearly as possible the same condition, save that his temperature was below normal. Having the other case as a precedent the worst prognosis was formed, but on using the standard remedies the patient began to mend, and next morning was comparatively well. The moist sounds having to a great extent disappeared, a systolic mitral bruit was heard, and the patient was able to tell us that he had had a previous attack, that it came on suddenly, only an hour before his admission.

A somewhat rare case of tubercular meningitis in a man, aged 50, had just occurred. When young he was said to be consumptive, but cured himself by going a voyage. Since then he had been in good health till 6 days before admission, when he lost consciousness for about an hour, and had since been more or less stupid. Nothing could be got out of him, but he lay in a semi-comatose condition till his death, 48 hours after admission. At P. M. the left side of the brain was covered with tubercles, but there were very few indeed on the right side. There were two small cavities at the left apex of the lung, and a good deal of tubercle.

A fatal case of acute rheumatism, with pericarditis.—A girl æt. 19 came in on the sixth day of the attack with acute pain in her joints, and with the pericardium distended to the

second rib, a loud rub being audible. The effusion increased till it reached the clavicle, and the bases of both lungs, especially the left, became dull with bronchial breathing, bronchophony, and some crepitation. She was supposed to have double pleuro-pneumonia, but the lungs were found practically healthy, having been simply collapsed from the pressure of the fluid in the pericardium, which amounted to nearly a pint.

Correspondence.

[We do not hold ourselves responsible for the opinions expressed by our Correspondents. We cannot insert any communication unless accompanied by the writer's name and address, not necessarily for publication. Our correspondents will oblige by writing on one side of the paper only.]

MIDWIFERY.

TO THE EDITORS.

GENTLEMEN—In attending midwifery I have met with a class of cases of natural labour which I have not seen noticed in the text-books. On examining the patient after she has been having pains for some hours, the os is found small, not larger than a florin, and directed much more backwards than usual, but it is easily dilatable, and of such a character as would lead one to foretell a speedy labour. On passing the finger round the presenting part it is found to be impinged upon the pubes, and no advance is made during a pain. As long as the head remains in this position labour is completely at a stand-still, although the pains may be strong and frequent; but suddenly the head slips into its normal channel, and dilatation is soon effected. The second stage is generally quick, as this condition usually occurs in multiparous women with large pelves and flaccid abdominal parietes. I have in the three cases that I have met with applied a firm binder, and directed the patient to lie on her back, and this appears to assist somewhat in releasing the head from its abnormal position. I should not thus trouble you, but I am anxious to know if this is often met with in practice.

I am, Gentlemen, yours faithfully,
April 16th, 1875. STUDENS.

Cricket.

SEASON 1875.

MATCHES AT PRESENT ARRANGED:—

May 5th	Opening Match	...	...	Oval.
„ 15th	Crystal Palace C.C.	...	...	Palace.
„ 17th	Westcombe Park C.C.	...	...	Westcombe Park.
„ 26th	Blackheath Morden	...	...	Blackheath.
June 5th	Richmond	...	...	Richmond.
„ 8th	Charlton Park C.C.	...	...	Charlton.
„ 21st	Malling	...	...	Malling.

There are four or five vacancies in the Eleven this season, which will be filled up from the men who play the best cricket in the opening match. There is a paper in the Colonnade on which those who wish to play are requested to enter their names. First year's men are particularly invited to play.

H. WILLIAMS, *Hon. Sec., pro tem.*

The Wards.

The following Cases were admitted between April 22 and April 28.

MEDICAL.

JOHN.—6—Anæmia Lymphatica.
PHILIP.—3—Cirrhosis, ascites. 12—L. Hemiplegia; Paralysis agitans. 17—Hæmaturia. 44—Phthisis. 48—Phthisis. 7—Phthisis.

STEPHEN.—43—Morbus cordis. 43—Sub-acute rheumatism. 18—Acute rheumatism—Pericarditis. 10—Erysipelas faciei. 35—Sub-acute rheumatism. 40—Morbus Brightii. 15—Sub-acute rheumatism. 8—Phthisis. 5—Sub-acute rheumatism.

MIRIAM.—17—Mitral stenosis. 19—Jaundice. 25—Tubercular meningitis. 30—Acute rheumatism.

BRIGHT.—1—To and fro aortic. 5—Diabetes. 17—Phthisis. 24—Epilepsy.

MARY.—4—Epistaxis—Bright's Disease. 11—Acute rheumatism, mitral bruit. 24—Acute rheumatism. 12—Hysteria. 1—Phthisis. 14—Anasarca.

ADDISON.—34—Acute rheumatism. 20—Hysterical epilepsy. 40—Phthisis. 39—Hysteria(?) 38—Acute rheumatism, pneumonia. 6—Mitral regurgitation. 9—Rheumatism.

SURGICAL.

Dresser for the week, Mr. R. E. CARRINGTON.

Ex-Dresser, Mr. A. DE W. BAKER.

CORNELIUS.—16—Fract. patella 12—Fract. patella. 14—Fract. pelvis and ribs. 4—Crushed arm, amputation. 2—Comp. Fract. left radius and ulna. 1—Fract. Fibula, complete dislocation of foot outwards.

LUKE.—3—Morbus Coxæ. 6—Lipoma. 11—Sarcoma of thigh. 1—2 Enlarged prostate. 14—Excision of eyeball.

LAZARUS.—17—Ulcer of leg.

LYDIA.—2—Talipes equino varus. 13—Talipes equino varus. 8—Malignant inguinal glands.

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The Hospital now contains 690 beds. Of these 220 are for Medical Cases; 250 for Surgical; 26 for Diseases of Women; 48 for Syphilitic, and 50 for Ophthalmic cases. There are also 30 Children's Cots, and 66 reserve beds (8 in private rooms).

In connection with the Lying-in Charity, about 2,500 cases are annually attended by the Students.

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For further information, apply to the Dean, Dr. F. Taylor, or the Secretary, Mr. Stocker.

Guy's Hospital, April, 1875.

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SATURDAY, MAY 8, 1875.

[TWO PENCE.]

OUR readers cannot have failed to observe that our Sixth Volume, the first number of which appeared last week, is marked by improvements which, though long desired, we have not seen our way clear to make until recently. The "GAZETTE" has now come to occupy a much higher position at the Hospital and among Hospital affairs, several of the members of our Staff feeling it a pleasure to insert in its columns clinical remarks on the reports of their most interesting and instructive cases, or to undertake the labour of seeing the notes of their lectures through the press. The Presidents of the Physical Society were accordingly desirous of materially improving the style and execution of the Journal of which they had become the Editors. We have now the satisfaction of seeing the work placed in the hands of our present able and painstaking Printer, Mr. ALFRED H. COOPER, of 19, Coleman Street, E. C., whose care and attention have already sufficiently commended themselves to our readers. One most important result of these new arrangements is the earlier issue of our periodical, and we can now give our Country Subscribers an equal footing with those in London, by providing all with the "GAZETTE" on the day of publication. We therefore can look with confidence to the future success of "GUY'S HOSPITAL GAZETTE," anticipating that the removal of the delay in its issue, together with the improved style, &c., will ensure greater support from those at present Students at Guy's.

We would take this opportunity of offering our most sincere thanks to those who in various ways have in times past rendered us much assistance in our undertaking. First and foremost amongst these we must mention the members of the Staff and other teachers at Guy's, who have so

liberally contributed by their honorary subscriptions towards our success.

Again, we would express our deep indebtedness to several Lecturers for the great pains they have taken in ensuring the appearance of correct reports of their lectures, and among these Drs. HICKS and PYE-SMITH demand our special acknowledgements.

Nor should we be right if we omitted to mention the great interest and unremitting energy displayed by our Honorary Secretary, Mr. R. CLEMENT LUCAS, in seeking to increase the prosperity of the enterprise, for to him we owe the improvements of this Volume.

We also desire to acknowledge our obligations to the House Surgeons and House Physicians, as well as to the Dressers and Ward Clerks, for the pains they have taken in supplying information from the Wards, and reports of cases and operations.

We would ask our readers to render us an assistance which, while it costs them but little time and trouble, will materially aid the Editors. We should be glad to receive any news, results at Examinations, or recent appointments, which may be left with the Porter, directed to the Editors. The Editors would also be greatly obliged if those subscribers who desire to continue as such would communicate with any of the Editors immediately on their subscription becoming due, as we can hardly be expected to "divine" whether they intend repeating it or not.

In conclusion, we venture to express the hope that a free pardon may be extended by our readers to all the shortcomings, on the part of the Editors, seeing that the weekly issue of such a publication as this involves no small amount of labour

to those who are at the same time desirous of making the most of their stay at Guy's, or who are holding some appointment which occupies their almost undivided attention.

AT a meeting of the Governors of this Hospital held last week, the resignation of our Senior Surgeon, Mr. JOHN BIRKETT, was received, and we understand that he was elected to the honorary appointment of Consulting Surgeon. The vacancy thus caused was filled by the elevation of Mr. HOWSE to a full Surgeoncy. Two new Assistant Surgeons were at the same time appointed, viz., Mr. RICHARD CLEMENT LUCAS and Mr. CUTHBERT HILTON GOLDING-BIRD. Mr. LUCAS recently obtained first-class honours at the 2nd M.B. Lond., taking the gold medal in Obstetric Medicine; he is also a B.S. Lond. and an F.R.C.S.; he was formerly a president of the Physical Society, and for the last two sessions has been one of its Honorary Secretaries. Mr. GOLDING-BIRD is a B.A. Lond. (Honours), M.B. Lond. (Honours and gold medal in Forensic Medicine), and an F.R.C.S. He took both the gold medals at Guy's in 1873, and was formerly a president of the Physical Society.

ALCOHOL: A DRUG, FOOD, OR POISON?

BY R. E. CARRINGTON.

BEING THE PRIZE ESSAY OF THE PHYSICAL SOCIETY.

(Continued.)

No one will deny the narcotic effects of alcohol when the doses exceed a certain quantity, or will affirm that there is any gain of power when even part of the system is prostrated. One of the most prominent signs of incipient narcosis, even when the amount of alcoholic stimulant has been small, is a paralysis of the vasomotor nerves, which is indicated by flushed face and other signs of capillary dilatation; notably a loss of tone in the pulse; it is true that there is excitement at this stage, and though the mental faculties are apparently elevated, that the moody man throws off his depression, the mourner forgets his sorrow, yet are these not evidences that there is some paralysis of the highest functions of the brain, under which those usually in abeyance come to the front? And is not this argument confirmed by the fact that the animal passions are the longest to survive under the influence of alcohol? But the student is, perhaps, of all others, the best qualified to judge whether alcohol gives him acuteness or mental vigour. As far as I am concerned, my answer is an absolute negative. I cannot think that alcohol has any power of aiding the evolution of nerve force.

With regard to muscular power the question has been answered by Dr. Richardson. He finds, by operating directly on the muscles themselves, that the influence of alcoholic blood circulating through them is diminution of their power by one-half. Dr. Parkes thinks that a small

quantity of spirit does not seem to produce much effect, but that more than two ounces manifestly lessens the power of sustained muscular effect. He gave a man 4 ounces of brandy (1.8 absolute alcohol) and there was no apparent effect upon his labour. After 4 hours another 4 ounces were given, with the effect of lessened muscular force, and a third dose of the same quantity, after another 4 hours, completely destroyed the power of work. Alcohol increases the force and frequency of the heart's action. In a healthy man Dr. Parkes found the pulse increased 13 per cent., and with 4 ounces of alcohol he calculated its daily excess of work was equal to 15.8 tons lifted 1 foot high. Now a very obvious cause in the excess of force is the diminished tonicity of the arteries and dilatation of capillaries, causing lower blood pressure, for it has been demonstrated by Dr. Burdon Sanderson that if he lessened blood pressure, the heart beats more rapidly and more vigorously. This being the case, then, the excess of action would correspond to the difficulty of circulation, also increased by the disturbance between the relation of the blood to the tissues, and alcohol would then only cause excess of force indirectly, and not add it directly from itself. This condition cannot be prolonged indefinitely, the heart tires at last of its over-work, and begins to flag. In the administration of small doses of alcohol, we get the pulse increased in force and frequency, but the effect soon wears off, and we need to give a succession of small doses to maintain the action. We have seen that spirit does not increase the power of a voluntary muscle; why should it do so in the case of the heart? And yet it would be absurd to maintain that this constant increase of force was due always to capillary dilatation. If alcohol of itself added force to the heart, there ought to be no reaction, but the effect should be continued. Is not the addition of force more apparent than real? Is it not that the heart is an organ made for the purpose of contracting a certain number of times with a certain degree of force? The effect of alcohol on its action is to stimulate it, for we know that in the reaction consequent upon excessive action from this substance it may be again stimulated to further action by it. Is it not that the capital of force and frequency, so to speak, becomes exhausted before its time, and we must consequently have slower action towards the end? If the heart is regulated to beat 4,200 times per hour, and it be caused to beat 90 times per minute for the first 30 minutes, ought it not, if left to itself, to beat 50 times per minute for the remainder of the time? And this is, I believe, the rationale of its stimulant action. A given amount of force is used up in a shorter time, and consequently every stimulus is followed by depression, and the greater the stimulus the greater the depression.

The effect of this readily oxidizable substance, a certain amount of which disappears in passing through the system, upon the temperature, is to diminish it. Food always raises the animal heat. In large amounts it certainly diminishes the carbonic acid expired, whilst in small doses its effects are variable. Food increases carbonic acid. In large amounts alcohol indubitably diminishes urea, whilst food increases it; whilst, lastly, this substance does not of itself give up any force to the organism, or if it does, it is in an inferior degree, and it is more likely by its stimulant properties to exhaust the animal forces before their time. It seems to me therefore, that though we cannot refuse to place alcohol amongst those foods which by their decomposition prevent tissue metamorphosis, yet we are bound to say that as one of these it must rank very low indeed. Dr. Parkes concludes

that its power of destruction in the system is by no means unlimited, but, on the contrary, soon comes to an end. Its disturbing influence is so great that it is impossible in health to take a sufficient quantity to make use of its nutrient powers, but it seems, without doubt, there are some conditions of disease when these injurious qualities are not manifested, and then it is certainly seen that the effect of alcohol must be certainly that of a food; or rather, it may be said, that the effect of its acting as a food prevents the exhibition of its narcotic qualities. This part of the subject, perhaps, belongs rather to the action of alcohol as a drug, but it may not unfittingly be introduced here, in order that the claims of alcohol to be ranked as a food may be discussed completely.

M. Chossat, in his experiments upon animals with respect to inanition, showed that when they were deprived of nutriment their weight steadily diminished and the temperature gradually fell, and though they might be kept alive by artificial heat for a longer time with than without it, yet though they had food in their stomachs, without artificial heat they were unable to digest it, and this had to be kept up for some time to allow of the digestive function being restored. Now, in the exhaustion by acute disease, have we not a like condition? The vital processes are worn out, there is no digestive power, life is at a low ebb; but alcohol is readily and immediately absorbed by a simple physical process, and that it acts as a food in these cases there can be no reasonable doubt. It is a well-established fact that large quantities of alcoholic liquor can be administered in these conditions; there is no narcosis, but, on the contrary, its use can be pushed until the production of signs of this state give us our contra-indication. Such a case was seen in Stephen Ward in June of last year, under Dr. Wilks: a man in an extreme state of exhaustion after pneumonia took more than a pint of brandy per diem, and it was remarked by his physician that the brandy saved the man.

Dr. Carpenter bears testimony to the same fact, and relates a case in which a bottle of sherry and 12 ounces of whiskey were taken daily for a week, and further states that in cases treated upon this plan he observed the mortality was not one-third of what it was when a simple expectant mode was pursued.

Dr. Anstie gives some remarkable instances in support of the food property of alcohol in these cases, but, in addition to the contra-indication I have spoken of, says it is only in cases in which food is absolutely not digested, or not enough is acted upon, or that it is rejected by vomiting, that the large use of alcohol is justified.

Case 1.—Acute rheumatism, pericarditis. Male, æt. 18. Only morphia given; no food could be retained. For 7 days gin $\frac{3}{4}$ xii. in 3 ij. doses every half-hour was the only nutriment. He was able to get about in a month.

Case 2.—Double pleuro-pneumonia. For 10 days lived on nothing but brandy, $\frac{3}{4}$ xxiv. per diem. Recovered in a month.

Case 3.—Child, æt. 14 months. Severe pneumonia. $\frac{3}{4}$ vi. of port wine per diem for 12 days, and then cod-liver oil gradually substituted in the course of 10 days.

These are crucial cases, and it was especially noted that the recovery was quick, with little or no emaciation. This is by no means the case in such diseases as a rule; convalescence is generally a long affair. As Dr. Anstie puts it, "Nature will put up with a good deal, but a combination of acute disease and starvation is often too much."

(To be Continued.)

Operations.

FRIDAY, APRIL 30.

A patient, aged 56 years, with urethral stricture of 20 years' standing, and urinary fistula of 12 months' was then placed on the operating table, an attempt to pass a catheter having failed, chloroform was administered.

Mr. Bryant then passed a grooved staff (No. 2) through the stricture (patient being in the usual lithotomy position), and made an incision in the median line down to the staff, dividing the stricture. A probe was then introduced into the bladder through the perineal wound, the staff removed, and an elastic catheter passed through the penis into the bladder, and there retained.

The next patient was brought into the theatre for the purpose of being operated upon, if necessary. He had, 36 hours previously, fallen across a joist in such a way as to rupture his urethra; 12 hours after the accident passed blood with his urine; this was followed by retention for about 12 hours, when he was seen by Mr. Bryant, who was able with some difficulty to pass a silver catheter, but all subsequent attempts to pass a catheter failed. When placed on the operating table the bladder was seen to be greatly distended. Chloroform was administered, and unsuccessful attempts were made to pass Nos. 8 and 6 elastic catheters. Mr. Bryant was, however, able to pass a No. 4 silver catheter, which was fastened in.

May 2nd.—Silver catheter removed, and No. 9 elastic catheter introduced.

Mr. Clement Lucas divided subcutaneously the tendo achillis, for the cure of talipes equinus in a child, the result of infantile paralysis.

Mr. Durham operated on a child æt. 16 months, with a hairy naevus covering almost the whole of the left side of the face. The galvanic cautery was used, and an oval patch 2 in. by 1 in. burnt through. Part of naevus had been operated on before by Mr. Durham in the same way, and now appeared as a reddish-white scar.

Mr. Durham passed a Holt's dilator on a man whose urethra he had opened twice previously by perineal section for traumatic stricture, and then passed a No. 10 gum elastic catheter, which was tied in.

SATURDAY, MAY 1.

At 12 midnight a female was admitted for strangulated femoral hernia. Tumour fusiform in shape, and turning over Poupart's ligament at the outer end. 1.30 a.m. chloroform was administered, and Mr. Lucas, failing to reduce the hernia by taxis, proceeded to operate. A vertical incision about 2 inches in length was made over the inner part of the tumour, and the sac exposed; the crural ring was found to be large, and the finger passed into the abdomen by the side of the tumour. Finding that the stricture was not on the outside of the sac, the sac was opened and found to contain a considerable amount of omentum, with a loop of intestine tightly strangulated by a band of omentum. The band was divided, after which the intestine was easily returned. The omentum was returned afterwards, and the wound closed by two catgut sutures. Dry lint applied, strapping, and spica bandage.

Mr. Forster removed by an elliptical incision from a boy's knee a small warty naevus, which was undergoing consolidation.

Mr. Baker (Mr. Forster's dresser) removed a large lipoma from the back of an elderly man. The growth turned out easily.

Mr. Coley (Mr. Forster's dresser) divided a tendo Achillis for talipes equinus. A splint was applied in forty-eight hours.

Mr. Simon (Mr. Howse's dresser) removed the index finger of a man in Samaritan Ward. The usual lateral flaps were made under the antiseptic spray.

SUNDAY, MAY 2.

Mr. Forster removed by the forceps an epulis from the lower jaw of a woman aged 26. It had been growing a year, was very firm, occupied the situation of the first molar, involved the second, and pushed the second pre-molar to the inner side of the line of the teeth. The pre-molar was left, the molar removed. Microscopically it was composed of fibrous tissue and bone, the latter being most numerous in small pieces near the centre and surface of the tumour, while the base of the growth, where it was attached to the bone, was wholly fibrous tissue, except where plates of bone projected into it from the jaw.

TUESDAY, MAY 4.

Mr. Bryant had four operations to-day. The first was for scirrhus of right breast. The usual incisions, parallel with the fibres of the pectoral muscle, were made, and the whole breast removed, with a portion of skin which covered it; bleeding vessels were twisted, the edges of the wound were then brought together by means of sutures and waterproof strapping, and pressure applied by a pad of lint. An opening was left at the outer part for drainage.

The second was for the removal of a consolidated bursal tumour situated below the patella. A portion of skin over the tumour had sloughed. A vertical incision was made over tumour, which was then dissected out; the edges of the wound were brought together by sutures and strapping, and pressure applied by means of a small pad of lint. The limb was then placed on a long posterior splint.

The third was for the removal of a cartilaginous tumour growing from the ungual phalanx of great toe. The growth was extirpated by means of a short, stout knife.

The fourth operation consisted in the internal division of a traumatic penile stricture by an urethrotome. This was introduced through the stricture, which was divided as the instrument was being withdrawn. A No. 8 elastic catheter was then passed into the bladder and fastened in.

EYE WARDS.

MONDAY, MAY 3.

1. *Internal Strabismus*.—Division of internal rectus in right eye.
2. } *Blind Eyes—Excision*.—Mr. Higgins removed the
3. } first; Mr. Bowen, the dresser, the next; and Mr.
4. } Gibb, also a dresser, the third.

Excision should be thus performed:

First introduce the speculum, and then with a scissors divide the conjunctiva all round close to the margin of the cornea; next hook up each of the muscles with a strabismus hook, and divide them, with the exception of the internal or external rectus, close to the eyeball; one of them should be left long, so as to afford a hold for the forceps during the remainder

of the operation. The conjunctiva and muscles having been divided, the speculum should be pressed backwards, and the eyeball will become dislocated in front of the lids. The portion of muscle purposely left should then be seized with the forceps, and the eyeball thus steadied. Now pass a curved scissors close behind the globe, and push on until they are found to be in contact with the optic nerve; next slightly withdraw, open widely and push onwards again, and divide the optic nerve with a single cut.

The last step in the operation should be to divide the insertion of the oblique muscles, by which alone the eyeball is held. The only after-treatment required is to bind up the orbit firmly with pads of lint and a bandage.

Instruments required—A wire speculum, a pair of fixing forceps, a scissors curved on the flat, and a strabismus hook.

5. *Staphyloma of Cornea*, from sloughing ulcer after small-pox.—In these cases the cornea is destroyed by sloughing, and not, as is often supposed, by the occurrence of pestules on it. Abscission was done.

6. } *Iridectomy*, for corneal opacities.

8. } *Cataract*.—Extraction.—An oblique corneal incision

9. } downwards was made in each case.

During the month of April, 84 operations on the eye have been performed; this of course does not include the minor operations, such as slitting up canaliculi, &c.

We are indebted to Mr. Gibb for the report of the Ophthalmic Operations.

Reports of Cases.

TUBERCULAR MENINGITIS—DEATH— POST MORTEM.

For the following report we are indebted to Mr. W. H. Welchman.

A. R., æt. 1 year, was admitted into 31 Clinical Ward on April 13th, 1875, under the care of Dr. Pye-Smith.

Family History.—Father and mother suffer from chest affections, one other child delicate.

Personal History.—Patient was born healthy, and although not strong had good health up to the 20th March, when she had a cough and wheezing, and fretted a good deal; had medical advice twice without relief. On the 11th of April a swelling was discovered on the child's head, and the right pupil was contracted. Since that day she has been getting worse, became very restless, cough worse, gnawing what teeth she had and biting her fingers. Her mother fed her with milk and barley-water, and applied linseed poultices to her chest. On the 13th she was brought here.

On Admission.—Patient is a fairly developed child, pale, but not unhealthy, lips red, tongue foul and coated with a yellow fur, conjunctiva clear, right pupil smaller than left, loss of sight in both eyes, no ptosis, child frowns sometimes, right ala nasi dilated, but both alae expand equally well; no facial paralysis; hearing thought to be better with the left ear than the right one; but, however, the hearing is indifferent. In the anterior fontanelle, which is large and open, there is a fluctuating, pulsating, tense swelling, which on pressure makes the child kick out and cry. She lies in a drowsy state, now and then biting her fingers and jerking her right arm about. She has a cough, but does not bring up anything. Bowels

confined, appetite good, and seems hungry. Sleeps well at night. Not much for a child of her age in the day-time. Skin hot and moist, passes her water naturally, no sickness. Heart, liver, and spleen normal. Lungs resonant everywhere, some sibilant rhonchus with expiration, and occasional crepitation. Child cries a great deal, interfering with auscultation. P. 168; R. 40; T. 98.9.

14th.—Child slept well; appetite good. Milk diet. R. Ol. Ricini, 3 i. statim. Hydrarg. c. creta, gr. i. Sodæ Bicarb., gr. iii., t.d.s. Cataplasma Lini.

15th.—Slept badly; cough and dyspnoea; moves right arm and leg better than left; bowels open; made an attempt to vomit. T. 98.6, P. 170.

16th.—Slept very badly; had a slight convulsion; much dyspnoea; lies in a sort of torpor; rolls her eyes about and squints; twitches her mouth; tongue foul; brings up everything; bowels open; breathing irregular, at times quite inaudible. P. 176, T. 98.4. 1.30 p.m.—Looks much weaker, had another convulsion. 9.30—Another convulsion; marked change for the worse. T. 102.8.

17th.—Died quietly this morning.

Autopsy—Brain.—Extensive tubercular deposit at base, well marked in fossa sylvii, with deposit of lymph. Brain substance soft; ventricles dilated and filled with fluid.

Spinal Cord.—Presented a cob-webbed appearance on opening dura mater, from deposit of purulent lymph in sub-arachnoid space. Dura mater and arachnoid not adherent.

Lungs—A few miliary tubercles interspersed; bronchial glands caseous, showing tubercles in parts.

Liver.—A few tubercles seen through capsule, not much on section.

Intestines, Kidneys, and Spleen.—Free from tubercle.

APHASIA AND COMA.

TUBERCULAR MENINGITIS—RED SOFTENING OF THIRD LEFT FRONTAL CONVOLUTION AND ISLAND OF REIL—TUBERCLE IN THE LUNGS.

For the following report we are indebted to Mr. Bull.

T. G., æt. 49, admitted into John Ward under Dr. Pye-Smith, April 19, 1875.

Family History.—Father had gout; Mother died of drink. No history of phthisis.

Occupation.—Bookbinder.

Personal History.—Never a drinker. Is now a teetotaler. Never had any fever. When young was supposed to be consumptive; but went into the country and got over it. Has had a cough this winter, not previous winters—never spat blood. For last 12 months has been irritable in his manner. November 12, 1874, had to go to the sea for "weakness," since then has complained of weakness. No headache, appetite good, and bowels regular. Never had any fits. His memory has been bad since this illness. Has had a pain in the back of left eye three months ago. Hearing unaffected. For the last three months his speech has been thick and low—no complaint of headache. Married; one child; wife has had no miscarriages.

Present Attack.—Began on the 11th April, when he complained of headache all the morning, and in the afternoon had an attack of speechlessness, lasting for five or six minutes, which he got over and was as well as usual after. During the attack he wished to answer questions, but was unable to do so. Took to his bed on Thursday morning; was sick on Tuesday and Thursday, after eating. No

paralysis of legs, arms, or face. Began to be unconscious on the evening of the 16th, but knew his wife, was rather troublesome, insisting on getting out of bed to pass his water, and did not take any food, so he came in here on the 17th. Bowels not moved since the 16th.

On Admission.—T. 102.6; P. 124; R. 48. Is a rather emaciated man, with a wild expression of countenance. Eyeballs rather prominent, conjunctiva injected, and watery. Pupils dilated, the left one larger than the right, eyelids generally almost closed; can't see, but recognises his wife when she calls. Lies on his back in bed throwing about his arms, and picking the bed clothes. The spittle collect about his mouth. Head hot. No paralysis of legs, arms, or face. Chest normal in shape, movements and resonance, but he is making such a noise with the breathing that nothing can be heard. The distended bladder was felt above the pubes, and was emptied of a pint of urine with a flexible catheter, s. g. 1022; no sugar; no albumen. In the evening he was much quieter and more unconscious; left off jerking his limbs. Died quietly at 6 p.m. Diagnosis, acute meningitis, with red softening, probably from the man's age and absence of evidence of phthisis, not tubercular. Treatment, nil.

Second Case.—There was a large amount of tubercle in the pia mater of both sides of the brain over the hemispheres, but more over the left. Not quite so much tubercle at the base, but a good deal of effused lymph, also in the fissure of Sylvius. The surface of the brain was everywhere much injected. There was red softening of the back of the third lower convolution of the frontal lobe on the left side, apparently an extension of inflammation from the tuberculous pia mater. The left hemisphere of the brain was very pulpy, other parts were healthy.

The Spinal Cord.—The veins were very full, and there were small osseous plates on the arachnoid; but there was no sign of disease of the cord or membranes. The lungs contained scattered tubercles, and there were two small old cavities at the left apex. There were a few tubercular ulcers in the intestines. The kidneys, spleen, and liver were healthy, as well as the pleura and peritoneum.

Dr. Pye-Smith remarked on the rarity of tubercular meningitis after forty. In adults it is a secondary affection to pulmonary tubercle; but in this case there was so little obsolete phthisis and so recent fresh tuberculization of the lung, that it might not have been recognised even by auscultation. Perhaps, however, the absence of drink, of syphilis, tumour, or injury to the brain, taken with the slight cough and loss of flesh, ought to have led to a diagnosis of probable tubercular rather than idiopathic (*i.e.*, unexplained) inflammation of brain and membranes.

The two attacks of aphasia, together with absence of right hemiplegia, pointed to the disease having reached the insula (of Reil) of the left side, but not the corpus striatum. This was found to be the case. The island, the lower part of the ascending frontal, and the posterior of the third (inferior) frontal convolution on the left side were red and soft, but the corpus striatum was intact. The association of lesions of the frontal lobes generally with loss of speech (without mental derangement or paralysis of the tongue, lips, &c.) was shown many years ago by Prof. Bouilland. That in these cases the left side of the brain is almost always affected was observed by the late M. Dax (of Montpellier), by Prof. Broca, and afterwards by many physicians in France and England. Very often, besides aphasia, there is right hemiplegia; while left hemiplegia is not accompanied by loss of speech of this kind, except in very exceptional cases, and in some of these—one in

our own wards a few years ago—the patient has been left-handed, and therefore we may suppose right-brained (*gaucher de cerveau*). It is a mistake to regard a lesion of any part of the left frontal lobe as capable of producing aphasia. It must be in the under (orbital) surface, and in its hind part, outside the olfactory peduncle and triradiate sulcus, where the lower of the three frontal convolutions passes backwards into the fissure of Sylvius, under cover of the tempero-spheroidal lobe; or it may be in the island of Reil close by, or in the deep part of the insula which touches the left corpus striatum. If you thrust a needle through the island and then open the ventricles you will find it has pierced the c. striatum of that side; and if you thrust another through the front or butt-end of the c. striatum only half an inch in front of the first you will find on turning the brain over again that its point appears in the third frontal convolution. A billiard-ball would more than cover all that need be regarded as the seat of “the organ of language,” viz., the back of the inferior frontal convolution, the insula, and the front of the c. striatum on the left side. And if we regard the cases of aphasia uncomplicated with right hemiplegia like the present one, apart from the rest, we shall probably find that in them the insula and adjacent part of the third frontal gyrus are alone affected. Of course hæmorrhage or other lesion of the corpus striatum is very likely to extend to, or exert pressure on, the island and the gyrus, which lie so close under it, upon the base of the skull, where there is less cerebrospinal fluid than further back; and hence (we may suppose) right hemiplegia, from lesion of the left corpus striatum, is so often associated with aphasia, from lesion of the left insula and third frontal convolution.

Notes from the Wards.

A patient was admitted into No. 1. Cornelius Ward last week, having fallen heavily from some steps on which he was standing at the time. On admission he was found to have the lower end of the right fibula fractured and much comminuted. The foot was dislocated outwards, the whole articular surface of the lower end of the tibia being discernible, and the astragalus could be felt between the two bones. Patient was put under chloroform and reduction attempted. The foot was brought to the proper angle, but all attempts to bring the astragalus into place failed. The tendo Achillis was then divided, with no better result. The leg was then placed on an inside splint. Next morning the patient was seen by Mr. Howse, who advised no further manipulation, but that the limb should be placed on an outside splint and an ice bag applied to the inner ankle, there being a good deal of effused blood.

The case of *Morbus Addisonii*, in Bright, died last week. She had been losing flesh rapidly, and vomiting had been excessive. At the P. M. a small nodule of degenerated lung tissue at the left apex seemed sufficient to account for the tubercular origin of the disease. The capsule consisted of a thick purulent stuff, with a little yellow cheesy matter. The patient had been admitted with chorea, and, although there was no history of rheumatism, the mitral valves had a ring of vegetation along their attached margins.

In the same Ward there was a case of diabetes, only recently admitted. She was apparently going on well (the

urine, which had been 9 pints in 24 hours, with sp. gr. 1036, and 36 grs. to the oz., having lessened to 4 pints, with sp. gr. 1034 and 30 grs. to the oz.), when, after unconquerable constipation, she was seized with severe pain in the abdomen, with tenderness and tympanitis. The temperature rose 2 or 3 degrees above normal, and the pulse became small and wiry. On the 28th she became unconscious, and the pupils widely dilated, although a grain of opium was being given every four hours. She died two days after, and at P. M. there was no peritonitis whatever, and no disease of any organ was discovered.

The Surgery.

There have been two cases of dislocation of the humerus during the past week, both of the subcoracoid variety. Attempts were first made to reduce them without chloroform by means of extension with the heel in the axilla, but without success. After the administration of the anæsthetic reduction was easily effected in both cases.

Three cases of fractured forearm have been treated, one a Colles's fracture, one a fracture of the neck of the radius, and the third a fracture of both bones in the lower third.

A case of compound dislocation of the forefinger, which had been dressed antiseptically for three weeks, was in so unsatisfactory a condition that amputation was resorted to.

Another case of compound dislocation of the terminal joint of the middle finger was put up antiseptically, the patient being very anxious to save the whole finger if possible.

The other cases have included—foreign body in cornea, fish-bone in œsophagus, paraphymosis, &c., but none seem to call for further notice.

General News.

UNIVERSITY OF LONDON.—At the meeting of the Senate held on Wednesday, the 29th ult., the following were elected Examiners for 1875-1876:—

Mathematics and Natural Philosophy.—Professor Henrici, Ph.D., F.R.S., and Rev. Professor Townsend, M.A., F.R.S. Experimental Philosophy.—Professor A. W. Reinold, M.A., and Professor Balfour Stewart, LL.D., M.A., F.R.S. Chemistry.—Professor Roscoe, Ph.D., B.A., F.R.S., and W. J. Russell, Esq., Ph.D., F.R.S. Botany and Vegetable Physiology.—Rev. M. J. Berkeley, M.A., and Maxwell T. Masters, Esq., M.D., F.R.S. Geology and Palæontology.—Professor Edward Hull, M.A., F.R.S., and Professor T. Rupert Jones, F.R.S. Practice of Medicine.—Professor Wilson Fox, M.D., B.A., F.R.S., and Charles Murchison, Esq., M.D., LL.D., F.R.S. Surgery.—Professor John Marshall, F.R.S., and W. S. Savory, Esq., M.B., F.R.S. Anatomy.—George W. Callender, Esq., F.R.S., and Professor George Viner Ellis, F.R.C.S. Physiology, Comparative Anatomy, and Zoology.—George J. Allman, Esq., M.D., LL.D., F.R.S., and Professor William Rutherford, M.D., F.R.S.E. Obstetric Medicine.—J. Hall Davis, Esq., M.D., and Professor W. S. Playfair, M.D. Materia Medica and Pharmaceutical Chemistry.—T. Lauder Brunton, Esq., M.D., D.Sc., C.M., F.R.S., and Professor Sydney Ringer, M.D. Forensic Medicine.—Professor Arthur Gamgee, M.D., F.R.S., and Professor Henry Maudsley, M.D. Logic and Moral Philosophy.—Professor T. Spencer Baynes, LL.D., B.A., and Rev. John Venn, M.A.

ALTERATION IN THE REGULATIONS.—The restriction on candidature for honours at the First M.B., Second M.B. and B.S. Examinations to candidates who have been placed in the first division at the several Pass Examinations, has been abolished.

Mr. FRANK T. PAUL has been appointed Resident Medical Officer to the Liverpool Royal Infirmary.

We regret to hear that another student has been attacked with Scarlatina—Mr. Brock.

Mr. DURHAM, exercising his right of priority of selection, has removed to Mr. Birkett's old Wards, Lazarus and Martha, while Mr. Howse takes Naaman and Dorcas, into which he has removed most of his old cases.

Mr. MCCARTHY has been appointed Dresser to Mr. Howse, for one month, in the place of Mr. J. J. Newman, who is recovering from Scarlatina.

Messrs. F. C. TURNER, J. F. GOODHART, and D. B. LEES, have been admitted members of the Royal College of Physicians.

VISIT OF THE PRINCE AND PRINCESS OF WALES.—We understand that our Hospital is likely soon to be honoured by a visit from their Royal Highnesses the Prince and Princess of Wales, and that at the last meeting of governors preliminary steps were taken to carry out the necessary arrangements for their proper reception. The visit will be undertaken in part, it is believed, to show respect to Sir William Gull, to whose advice the Prince owes so much, but chiefly to stimulate public charity, and show their Royal Highnesses' high appreciation of the great and noble objects for which this Hospital was erected.

The Wards.

The following Cases were admitted between April 29 and May 5:—

MEDICAL.

ADDISON.—11. Dyspepsia. 7. Cirrhosis, Bronchitis. 39. Anæmia. 28. Psoriasis. 33. Pleurisy.

BRIGHT.—18. Cerebral tumour. 14. Chlorosis—Aortic imperfection and obstruction. 11. Chorea. 5. Hydrocephalus. 1. Left pleuro-pneumonia. 2. Albuminuria.

PHILIP.—13. Pneumonia. 14. Phthisis. 19. Amaurosis, cerebral tumour. 32. Jaundice. 43. Debility. 37. Acute rheumatism. 4. Alcoholism. 5. Acute rheumatism. 6. Tubercular disease of lungs and peritoneum. 30. Lead palsy. 37. Acute rheumatism.

JOHN.—5. Abdominal tumour. 7. Progressive muscular atrophy. 8. Ague.

MIRIAM.—26. Acute rheumatism (second attack)—Mitral regurgitation. 27. Double pleuro-pneumonia. 33. Croup. 34. Colitis. 22. General enlargement of glands. 23. Affection of spinal cord. 24. Diphtheria.

MARY.—7. Pneumonia. 22. Eczema. Cot. Broncho-pneumonia.

STEPHEN.—4. Pneumonia, left apex. 22. Plumbism. 19. Uræmia(?) 2. Anæmia. 37. Bronchitis—Old pleurisy. 46. Hemiplegia. 50. Bronchitis—Emphysema.

SURGICAL.

CORNELIUS.—2. Fractured tibia. 4. Scalp wound. 8. Cut throat. 12. Fractured tibia. 20. Fractured tibia. 25. Dislocation of 4th and 5th ribs from costal cartilages. 8. Concussion. 27. Fractured femur. 29. Fracture of internal malleolus.

LAZARUS.—2. Fissured anus. 8. Pulp disease of ankle-joint. 13. Osteo-arthritis of knee-joint. 14. Caries of os calcis.

JOB.—6. Ungual exostosis. 8. Stricture of urethra. 21. Rupture of urethra. 15. Ulcer of leg. 17. Ulcer of leg.

LUKE.—3. Disease of hip-joint. 9. Epistaxis. 14. Ulcers of leg.

CHARITY.—8. Syphilitic disease about knee. 25. Disease of ankle-joint. 15. Disease of elbow-joint. 21. Recurrent sarcoma of jaw. 22. Ulcers of legs. 23. Carbuncle.

DORCAS.—1. Talipes.

MARTHA.—11. Lipoma. Cot, Disease of elbow-joint. Cot, Pulp disease of ankle.

LYDIA.—2. Talipes. 3. Fractured tibia. 4. Hernia (femoral). 9. Fractured ribs. 15. Carcinoma mammae. 16. Solid bursa patellæ. 9. Sprained ankle. 18. Fractured fibula. 19. Fractured tibia and fibula. 22. Acute synovitis. 23. Scald—death.

THE Presidents of the Physical Society acknowledge with thanks an honorary subscription of £1 1s. from Dr. A. S. Taylor.

Cricket.

The opening match of the season was played at the Oval last Wednesday, in beautiful weather. Only 14 men turned up, but a very good game was arranged between W. Gray's Eleven and H. Hetley's Eleven. The following was the score.

W. GRAY'S ELEVEN.

R. S. Taylor, c. Osborne, b. Welchman	48
Everest, b. Phillips	7
W. Gray, b. Phillips	47
Chapman, (not out)	37
Welchman, b. Osborne	3
G. E. Palmer, (hit wicket) b. Stanger	18
Mc Grain, b. Osborne.....	3

Byes	7
L. Byes	1
Wides	7

Total 178

H. HETLEY'S ELEVEN.

Phillips, b. Taylor	9
Stanger, b. Taylor	16
Osborne, b. Gray.....	1
H. Hetley, (not out)	4
Morse, b. Gray	4
Cortis, b. Gray	0
Scott, (departed)	0
W. Cock, st. Taylor, b. Gray	0

Byes.....	8
L. Byes	4
Wides	3

Total..... 49

ROYAL COLLEGE OF SURGEONS.—The following gentlemen students of this hospital were successful at the recent primary examination:—

April 27th.—A. J. J. Johnston, Barnard.

„ 29th.—Morton, Granger.

„ 30th.—Birdwood, Dismorr, Stamp, Pain, A. G. Collington, Shaw, Hearnden.

May 3rd.—Strover, Manby, Buxton, Burt, J. W. Collington, Chubb, C. Wright, McCrea.

„ 4th.—J. Hinton, Liddell, Lynn, Lee.

Twenty-six Guy's men presented themselves, and three only were unfortunate.

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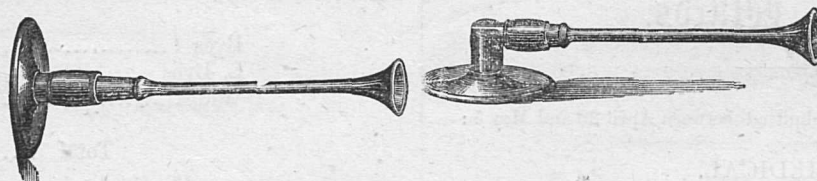
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(See STUDENTS' JOURNAL, April 10th, 1875, page 105).

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Country Subscriptions, Advertisements, and Business Communications must be sent to Mr. H. WILLIAMS, Counting House, Guy's Hospital.

Guy's Hospital Gazette.

A Students' Journal of Hospital News, Medicine, and Surgery.

Vol. VI.—No. 3.]

SATURDAY, MAY 15, 1875.

[TWO PENCE.]

SOME remarks in the *Students' Journal* for April 24th, touching the results of certain Schools in the recent Primary and Pass Examinations at the Royal College of Surgeons, suggest to us a few points in relation to our own. We have good reasons to congratulate ourselves on our success, and we would venture on behalf of the School to offer our warmest thanks to the teachers and demonstrators, who by their untiring exertions have in so large a measure conduced to it; though we feel sure that the deeds accomplished will tend more to repay them than any amount of words, however sincere. We find that out of forty-three men who went up for the first College last month, only three were refused; and of nine for the second, all were successful. We think that these results may be attributed, *firstly*, to the important system of class teaching; and *secondly*, to the excellent, though seemingly hard rule, of not allowing any man to go up until by his answers in the classes and his average at the winter examinations he has proved his fitness to do so. On the first point we would remark that whilst everyone admits and admires the thoroughness and the extent to which class teaching is carried out in the preparation for the first College, yet the value of those held for the second College is, if possible, even greater. It should be remembered that until a comparatively recent date a man once guided through his first College was allowed to drift up to and through his second as best as he could, his only pilot being such assistance as the Surgical Registrar could find time to render, or such as he could obtain in private classes. Of late, however, for some time before each examination, Mr. Davies-Colley has held frequent classes in which the leading facts of surgery are elicited by questioning and teaching, illustrated by pathological specimens, models,

&c.; and we feel we cannot do justice to the ability, unflagging zeal and interest which he displays in his efforts for the success of those about to present themselves for their final examination. But to attain this success with certainty, it is essential that a man should be well up in the practical work of the wards and out-patient room, and to accomplish this we would suggest the value of the practice of observing and fixing in the mind the leading features, symptoms, &c., of such cases as daily fall under observation—no matter how little the nature of the case itself at the time is understood—and then taking the earliest opportunity of reading up the case from a text-book. It is surprising how quickly a sound knowledge is thus acquired, and how readily it is retained; and since the human memory is at best fallacious and liable to inaccuracies in the reception, sifting, and retaining of knowledge, it is well to make written notes of cases, modes and results of treatment, and opinions which come under our observation; and so a stock of information is acquired, easily referred to, and which it is interesting to find either confirmed or condemned by our own subsequent experience.

We offer our best wishes for the success of the men who are going up this month; and our readers will pardon us if in our zeal for that success we venture to remind them of the oft-repeated advice, neglect of which sometimes causes the best read and most practical man to be referred with ill-deserved mortification.

Examiners, like most other men, are liable to be impressed by a candidate's manner of going through his examination, and by the promptness and decision begotten, not by vanity, but by a consciousness of knowledge. Therefore, our advice

is, do not argue with an Examiner, nor protest against questions asked as being foreign to the strict subject of examination; expect to be shown straightforward, everyday and generally easy things; don't be nervous, but take reasonable time to think before you answer, and, above all, exercise that common sense which we think is not the fault of the teaching at Guy's if any man fails to become its possessor.

NOTES ON HISTOLOGY.

(From DR. PYE-SMITH'S "Demonstrations of Practical Physiology.")

Continued from Page 3.

GLANDS.—Both mucous membranes and skin offer examples of the simplest form of glands. These are mere involutions of the epithelium, basement membrane, and subjacent corium with its blood-vessels. Each of the spheroidal epithelial cells which line the pit thus formed attracts from the capillary nearest it some of the water of the blood with certain of its soluble constituents. These pass by osmosis through the thin capillary wall of the basement membrane and epithelial cell-wall, and become stored up as cell-contents; or they may undergo chemical changes within the cell by which new products are manufactured. The cell is then ripe and bursts; the contents collect in the bottom of the pit with the thin shred of cell-wall and the atrophied nucleus, the protoplasm having gradually disappeared, as its work of secretion was accomplished (cf. *supra*, vol. v. p. 186); and the place of the dead cell is taken by a young one, which was probably formed by division of its parent before the latter had begun to "feed" or secrete. The new cell grows, loses more or less completely its protoplasm and nucleus, and becomes filled with "secretion," until it too is ripe. Now, this process going on throughout the pit or sac, the drops of secretion produced by each cell collect together, until they fill the whole cavity and overflow on the surface of the skin or mucous membrane. Thus you see that secretion is a *process of cell-growth* under particular circumstances, and a gland is an involution of skin or mucous membrane* by which a number of secreting cells are made to discharge their contents into a single receptacle. The *kind* of secretion depends on the selective power of the cells, which is as mysterious as the instinct by which an ox eats grass and a dog flesh. The *quantity* depends on the number of cells, and—the number of cells being practically constant in a sac of the same size—on the amount of nutriment they get, *i.e.* on the size of the blood-vessels which feed them. This you know is regulated by the degree of contraction of their muscular fibres, and this again by the activity of the vasomotor nerve (Bernard) which supplies them. So that if you divide the nerves going to a gland, the blood-vessels dilate, and you have a profuse "paralytic" secretion. There are also other nerves called "trophic" (Pflüger, cf. *supra*, vol. iv. p. 60), which are believed to go directly to the secreting epithelial cells, and excite them to more active manufacture, so that by cutting both the secretion is abundant, but watery; by irritating both it is scanty in quantity, but rich in its peculiar products. Of course the vein of a gland conveys blood which has been deprived of the materials which form the secretion, so that

* Endothelium is never involuted to form glands.

A (the blood in the artery)—S (the secretion)=V (the blood in the vein); whence, changing sides and signs, $S=A-V$. Analysis of the blood in the renal artery and vein will give us by the difference the constituents of urine—at least the elementary constituents, for it may be that some of the compounds are recombined by the secreting cells.

The secreting surface may be increased by the involution becoming very deep, like the finger of a glove, or expanding like a flask. The former process makes a *simple tubular gland* (e.g. glands of Lieberkühn), the latter a *simple saccular gland* (e.g. many of the sebaceous). In both, the neck, or part near the orifice, loses its power of secretion, the cells there becoming columnar instead of epheroidal, and living much longer; and this part becomes the conduit or *duct* of the gland. The deeper part, where the cells are spheroidal, short-lived, and active, is the blind extremity or *acinus*.

A *saccular gland* may have two or three sub-divisions, and thus double or treble its amount of secretion. A section through one of this kind (a large sebaceous gland opening into a hair-follicle, or a muciparous gland in the tongue) shows a figure which has the same relation to a simple sac as a digitate leaf has to a simple one, the petiole in each case being represented by the duct, the lamina by the secreting part, and the leaflets by the separate acini. If the division goes further, there results a number of acini, each with its little duct opening successively into the common duct, and the gland resembles a bunch of currants or grapes, each berry representing an acinus, its stalk the duct, and the stalk of the whole raceme or pannicle the common duct. Hence these compound saccular glands are called *racemose*. Good examples are offered by the sebaceous glands of the eyelashes (Meibomius) and by the muciparous glands (Brunner) seen in a section of the duodenum which has been soaked in vinegar. Now suppose several of these racemes to be united by their stalks, we then have the largest form of gland of this type, as the pancreas. Each acinus represents a simple glandular sac, and each lobule a small racemose gland. The whole may be compared to a tree, the common duct being the trunk, the smaller ones the branches, and the acini the leaves. Remember that the extension of epithelium and basement membrane has carried with it an extension of the subjacent vascular corium, and you will then understand that the interstices of a compound gland will be filled with connective tissue and blood-vessels, while stronger bands of fibrous membrane will bind the lobules together and cover the whole with a thin tunic. These large compound, racemose, lobular, or conglomerate glands consist to the naked eye of more or less distinct rounded masses: take one of these and dissect it under water, and you find it is made up of lobules; examine a lobule with an inch power, and you see the acini and ducts which compose it—just as a tree from a distance seems to consist of rounded masses of foliage; as you come nearer, each branch with its twigs and leaves is discerned; and lastly, coming close, you see the individual leaves.

Simple saccular glands are seen in abundance in sections of skin. Choose a part where the hairs are large, and notice the opaque oily secretion which fills the acinus. Small compound glands are found in the tongue and duodenum. For the largest take any of the salivary glands (pancreas, parotid, or submaxillary). First soak a piece in acetic acid, till you can separate it out under water, and with an inch power you will see the racemose lobules with their acini, ducts and connective tissue. Then cut a section from a gland hardened in spirit, using carrot if necessary, to see the sections of

lobules and inter-lobular septa with the ducts and larger vessels. Brush these with a camel-hair pencil and plenty of water to get rid of excess of cells, and stain them with logwood or carmine before mounting in glycerine.

ALCOHOL: A DRUG, FOOD, OR POISON?

BY R. E. CARRINGTON.

BEING THE PRIZE ESSAY OF THE PHYSICAL SOCIETY.

(Continued.)

It has been suggested that when these large quantities of alcoholic stimulants are administered, they are not absorbed, but run off in the evacuations; but Dr. Anstie has observed that he never found any alcoholic smell from the fœces in these cases, though he could readily produce one by adding 3 ss. of brandy. He was unable, for obvious reasons, to make a fever patient expire for a long time through a test solution, but he never detected any alcoholic smell in the breath; and this was also true of the cutaneous exhalation, and he lays some stress upon this because he never failed to detect these signs in inebriates. His results upon the urine were very decisive, for in the case of a woman with typhus, who on the 10th day of disease, *et seq.*, took 3 xii. of brandy per diem, he calculated that the urine of 24 hours must have contained less than 3 x.ss. of alcohol, and probably much less; and also he found that the amount of alcohol eliminated with the urine of a man who was taking 3 xxiv. of brandy per diem, was not less than 3 x. during that time.

There can be no doubt, then, what is the action of alcohol in these cases, and closely parallel with them are those instances of excessive drinking when the amount of food taken is excessively small and totally insufficient for the maintenance of the organism. Such cases not unfrequently come under observation, and two given by Dr. Anstie put this matter in a very clear light.

1.—Male, æt. 83. Intemperate many years; took one bottle of gin per diem for 20 years. Eats only one small fragment of toasted bread in the day.

2.—Male, æt. 27. Intemperate many years. Took 2 gallons of beer a day, and a bottle of gin every Saturday. Eats but little solid food.

If, then, we were to come to the conclusion that alcohol was not a food, though it may be an inefficient one, these cases must have contradicted us flatly; but I cannot think the last two invalidate the argument that in health its nutrient properties are rendered nil by its disturbing influence, for these are two selected out of a considerable number, and though three were not apparently suffering from the effects, yet in all the rest there were signs of chronic narcosis.

DIETETIC PROPERTIES OF ALCOHOL.

By far the majority of European races, at all events, make use of alcoholic drink as an article of daily regimen, and it will be interesting to consider what is the value of alcohol from a dietetic point of view. That water constitutes the natural drink of man, as it does of all animals who do drink, no one will deny; but it is argued that our state of life is artificial, that we do not live naturally, but that we are in constant need of some daily stimulus to enable us to carry on the usual routine of life. I use the word stimulus

advisedly, for I cannot believe that the man who takes a glass of beer with his lunch and a couple of glasses of wine with his dinner does so with any idea or expectation of the food properties of the alcohol. That such a stimulus is essential we must deny; for if we look around us we shall find plenty of men equally as harassed, equally as worried, and who yet go on just as well as the habitual ingestor of alcohol, but who never make use of the stimulant in any form. And our prisons, workhouses, and the fact that there are, or have been, whole nations, as the Mahommedans, Hindoos, and the North American Indians (before the advent of the white man), who never use or have used alcohol, are proofs incontestable of this statement.

There can be no doubt that the highest degree of mental and physical vigour is not only possible without the use of alcohol, but rather is much more readily attained without than with it. With regard to mental power, I shall say but little; for I am convinced not only that alcoholic stimulus not only does not conduce thereto, but from personal experience and from observation of those around me I am sure that if a man wishes to make the utmost use of the mental power which he is endowed with, that the first thing he will do will certainly be to abstain from alcohol; and though I am fully aware that there are instances in which men can manifest considerable mental power with even a large amount of stimulant, and will say that it assists them in the flow of ideas and power of thought, yet I am confident that it is simply that they are able to use their minds in spite of the alcohol, and that their individual power of resisting the effect of this substance is great.

That the highest degree of physical power may be put forth without the use of alcohol there can be no doubt, for the experience of the Red River Expedition is conclusive on that point. When it was determined by the Canadian Government to send off a force to Fort Garry, an outpost of our North-Western settlements, it was taken into consideration that the lumberers who spend the whole winter in that part of the country, and during this time are engaged in the heaviest of labour, never make use of spirits at all, but consume large quantities of tea, and this was rightly considered to be the true indication as to what should be the daily ration of the soldiers engaged. The account of the expedition is most interesting, but it would be impossible to give any full account of it here. I will simply indicate the most important points.

First, then, as to labour. This was most excessive. The total journey to and fro was calculated at 662 miles, partly by land, partly by water. There were 15,000 yards of "portages" over which boats and their contents had to be carried, and the labour "in dragging a heavy boat up an incline to the height of 100 feet was no child's play." On an average a man in crossing a "portage" would have to walk 19 miles, during the operation being loaded for 10 of them. In addition to this there was road-making and all the various labours essential to a large body of men making way through a country nearly unexplored, and the greater part of which was virgin forest.

The Diet was—1 lb. of biscuit, or 1½ lbs. bread; 1 lb. of salt pork, or 1½ lbs. fresh meat; 2 oz. sugar; 1 oz. tea; ½ oz. salt; ½ pint of beans, or ¼ lb. preserved potatoes; 1/36th oz. pepper. Tobacco was allowed to be purchased.

The Climate was good, but the weather was often wet, and during the first part the men were never dry, having constantly to work up to their waists in water. Mean temp. 7 warm months (April to October), 57.58°; mean temp. 5

cold months, 1-94°. (Prof. Hind.) The days were hot, sometimes oppressively so on the outward journey, and the nights cold. On the return the days were less hot, and the nights warm.

Results.—"The health of men was exceptionally good"—there was wonderful freedom from casualty or disease. A great amount of diarrhoea and some dysenteric diarrhoea prevailed, owing to exposure to wet, but was always amenable to treatment. Wounds healed readily, and a severe case of scalp wound got rapidly well, though it was treated in the boats.—(Med. Hist. Red River Exp., App. xi., Army Med. Reps. 1872.) "The men were pictures of good health and soldier-like condition."—(Blackwood, 1871.) "The men of no previous expedition had ever been called upon to perform harder or more continuous labour for over four months. They were always cheery, and worked with a zealotous will that could not be surpassed."—(Journ. U. Serv. Inst., 1871.)

This, then, is a crucial fact; that the highest bodily fatigue can be sustained without the use of alcohol in any form. Perhaps one of the severest tests of muscular power that can possibly occur is the course undergone by the athletes who row in the annual University race, and I have been enabled to ascertain how the question of Alcohol is treated in the case of Cambridge men, and I find the system pursued to consist of good hours, a moderate amount of good wholesome food, a moderate amount of stimulants, with plenty of exercise. The stimulants may consist of a pint of beer for dinner, and a similar quantity for supper. A glass or two of good port or sound claret are generally taken during the day. Even champagne is given. Spirits are against all regulations, and are never given, for it is found "they do not tend to strengthen in any way."

It is found, then, that a regimen like this, in which the amount of alcoholic liquor can perhaps hardly be called moderate, is the one most calculated to call forth the best strength of the men.

(To be Continued.)

Obstetrics.

OVARIAN CYSTIC DISEASE—OVARİOTOMY.

[For the following we are indebted to Mr. H. N. Smith.]

M. W., æt. 45, married, was admitted April 27th, 1875.

History.—Ten or twelve years ago noticed dull pain at the lower part of left side, more felt if she lifted anything. At the same time she noticed some swelling. This swelling gradually increased until it occupied the whole of the abdomen and rendered it globular. About three months ago she was suddenly seized with great pain in the right side of abdomen. After twenty-four hours it began to abate, but she did not get quite free from it for a fortnight. Three or four days after she was thus attacked she found that the swelling seemed decreasing, and it gradually got smaller for three weeks. It then commenced again to increase, but she thinks it never regained its previous size. She came to this Hospital ten days after the onset of pain, and was in Mary Ward for two days. It was the opinion of Dr. Hicks that a cyst had ruptured.

On admission.—Abdomen distended, globular, tense and fluctuating, the swelling consisting apparently almost entirely of fluid.

May 5th, 2 p.m.—Ovariectomy performed by Mr. Bryant. Patient having been anæstheticized and the urine drawn off, Mr. Bryant made an incision three inches long in the median line below the umbilicus. As soon as the peritoneal cavity had been opened, the cyst was clearly seen, vascular and freely movable. The incision was then enlarged by an inch or so towards the umbilicus. The cyst was then tapped, and a quantity of clear, limpid fluid drawn off. Two or three small bands of omental adhesion existed on the front of the cyst; these were ligatured with catgut and divided, one ligature being cut short and dropped in, and another left long and brought through the wound to be secured to the clamp. The cyst was partly pulled out as soon as it was sufficiently collapsed, but being found to extend downwards between the layers of the broad ligament, close to the uterus, it was freely laid open with a scalpel, a quantity of thick dark stuff then escaping into a basin.

Mr. Bryant passed his hand into it and found, as he suspected, that it had grown downwards, splitting the two folds of peritoneum forming the broad ligament, reaching the uterus, so as to obscure the pedicle. By incising the serous membrane round this downward extension, Mr. Bryant was enabled to separate the latter with his hand from its peritoneal coat and to enucleate it. A long pedicle was then brought into view; this, together with the posterior layer of broad ligament, was included in a clamp and divided with scissors. There was no bleeding. The edges of the abdominal incision were brought together with silk twist sutures, the clamped pedicle being left protruding through the lower end of the wound. Strips of lint were then laid under the edges of the clamp to protect the skin from pressure, and the wound covered with a pad of lint and some strapping. An opium suppository was administered and the patient removed to bed. She took the anæsthetic well, and was not sick at all.

Mr. Bryant remarked that this case was very instructive, as showing the practicability and value of enucleation in these operations. Without this method of procedure it would have been impossible to have brought this case to a satisfactory conclusion. The tumour reached so low down, that part of the cyst would necessarily have been clamped with the pedicle. Upon the cyst, after removal, Mr. Bryant demonstrated the possibility of separating it from the peritoneum, throughout nearly its whole extent, and observed that, had the existing state of affairs been foreseen, the cyst might have been turned out whole by cutting through the serous covering higher up. The cyst was of the compound variety, containing but little solid matter. It was connected with the left ovary. The uterus was bent over to the right side and bound down by adhesions in that situation.

We understand that this patient has since been progressing very favourably, but we hope to report further particulars shortly.

CASE OF TURNING.

On the 6th inst. the Junior was sent for by an extern, as the presentation was doubtful. On arrival it was found that the os was almost fully dilated, the membranes having been ruptured half-an-hour. The uterus was pretty firmly contracted on the child, and an elbow was presenting.

Dr. Galabin and the Senior were sent for, and the former after examination confirmed the diagnosis, and also made out some contraction of the conjugate diameter. Podalic version was determined on. Chloroform having been administered by the Junior, Dr. Galabin proceeded to bring down the pre-

sent arm to make sure of the position of the child; it was found to be the left arm, the head being forwards over the pubes, and a little to the left side. A foot (the left) was then seized and brought down, the child turning readily. No more chloroform was given. The breech was slowly expelled, but the cord could not be felt to pulsate; the arms were then liberated, but the head hitched at the brim, the occiput being over the pubes. After several ineffectual attempts to deliver by traction with depression of the lower part of the face, it was effected by rotating the child, so as to bring the transverse diameter of the head in relation with the conjugate. The child, which seemed to be of about 8 months, was born dead. Patient had previously only had an abortion.

University of London.

Last Wednesday was the Presentation day at the London University. The proceedings took place in the beautiful theatre attached to the building at Burlington Gardens. The Chancellor, Earl Granville, occupied the chair of state, and was supported on his left by the Vice-Chancellor, Sir John Lubbock, and Mr. Lowe, the Parliamentary representative. On the dais behind him were the Baroness Burdett Coutts, Lord Cardwell, Lord Aberdare, Sir William Gull, and numerous *alumni* of the University.

At the opening of the proceedings at 2 o'clock, the sight was a pretty and imposing one; the fair sex were present in large numbers, and the variety of their costumes, dotted here and there by the gorgeous scarlet gowns of the members of the Convocation, combined to make it a *tout ensemble* not frequently seen.

The graduates and under-graduates who were to be presented occupied seats on the left, and as their names were read out by the Registrar, they were led up by the representative of the College or Institution from whence they came to the Chancellor, who, in presenting them with their certificates or medals, shook all warmly by the hand, and to many addressed a kindly word of congratulation. A notable feature in the proceeding was the presentation of Mr. Lord, the Senior Wrangler of last year, which caused the noble Chancellor to rise and say he was glad to introduce the 11th Student of the London University who had obtained that distinction; we were glad to be able to add our quota of applause to Mr. Gould, of University College, who was presented no less than six times for honours at 2nd M.B. and B.S., he obtained three Scholarships and four Gold Medals, and the approbation with which he was greeted on each occasion at last deepened into shouts of bravo on all hands. It was obvious that University College was present in force, judging by the vociferous applause which greeted all Students of that Institution, and the more limited congratulation which fell to the lot of other presentees.

Guy's was represented by Dr. Habershon, and whilst most of our graduates were conspicuous by their absence, we were glad to see Messrs. Eastes and Rigby present to represent the Hospital. Mr. Carrington was also presented for Honours at the 1st M.B., having obtained the medal and exhibition in Organic Chemistry, and being second in 1st class in Physiology. Speeches from Earl Granville and Mr. Lowe terminated the proceedings.

General News.

APPOINTMENT.—George Mickley, M.A., M.B., has been appointed Medical Superintendent to St. Luke's Hospital.

MRS. F. W. PAVY and Miss Pavy were presented to the Queen at the recent Levée.

At the recent Primary or Anatomical and Physiological Examination for the diploma of membership of the Royal College of Surgeons of England, fifty-six out of the hundred and seventy-six candidates were "plucked." From one large school, fourteen were referred to their studies, and some of the smaller schools were no better off. This is a matter which concerns both teachers and students. There is, we imagine, not much to be said against the trustworthiness of the examinations of the college as tests, for a great deal of pains has been expended in bringing these examinations into more complete harmony with the modern methods of teaching and subjects of instruction.—*British Medical Journal*.

FOUR CHILDREN AT A BIRTH.—A woman of small stature was delivered at Baltimore of four children, the first a shoulder presentation, the others footlings. Labour occupied about an hour-and-a-half, and was free from pain, no contraction having resulted from two drachm doses of ergot. There were two placenta, three children being attached to one of these, which was about fifteen inches in diameter, and on the foetal surface had the appearance of three ordinary placenta with a cord in the centre of each. The maternal surfaces showed no marks of division, and they could not be separated without marks of laceration. The children weighed about twenty-four pounds, giving nearly thirty pounds for the weight of the uterine contents. At the time of reporting (about three weeks after birth) the children were strong and healthy, and bringing in a good income by their exhibition.—*Phil. Med. Times*, March 20.

The Presidents of the Physical Society acknowledge the receipt of an honorary subscription of £1 1s. from C. Bader, Esq.

Births.

On the 30th ult., at Albion-place, Hyde Park Square, the wife of George Eastes, M.B., of a daughter.

On the 27th ult., at East Hoathley, the wife of Thomas Holmon, M.R.C.S.E., of a daughter.

Marriage.

On the 29th ult., at All Saints', Kenley, Henry Charles Hilliard, M.D., of York-town, to Kate Elizabeth, youngest daughter of Alfred Houlder, Esq., of the Tower, Kenley, Surrey.

Death.

On the 30th ult., Mr. T. Kavanaugh, L.R.C.P. Ed., L.S.A., of Jamaica-road, Bermondsey, in his 27th year.

ROYAL COLLEGE OF SURGEONS.

At the recent primary Anatomical and Physiological Examination for the diploma of member, the following Guy's men were successful—
May 12.—Messrs. Smart, Plummer, Waddington, Giles, Peskett, Haynes, Butler.

May 13.—Messrs. Laynes, Keer, Keep, Th. Hammond.

Reports of Cases.

APOPLEXY.—ATHEROMA.—DEATH.— POST MORTEM.

[For the following we are indebted to Mr. J. B. Richardson.]

H. C., æt. 56, a wharf labourer, was admitted into 4 John Ward, on April 26th, 1875. On the morning of admission he went to his work as usual, and appeared perfectly well, when all of a sudden, whilst wheeling a truck, was observed to fall. When his fellow-workmen got to him he was unable to speak, but was conscious for a short time. It was noticed that he had left hemiplegia—was brought to the Hospital directly.

On Admission, 2 p.m.—Is a stout, well-nourished man. Neither pupil is especially dilated, and both conjunctivæ are sensible to touch. When spoken to does not answer. Both sides are extremely rigid; twitches his right arm, not his left; throws his head to right side; hands closed, but not tightly; breathing not stertorous; with every expiration left cheek is blown out. Passed his urine in bed. Pulse 76, intermittent and irregular. Respirations 28, not of equal force. Temperature in right axilla 98; in left axilla 97.2. Vomiting.

(2.30 p.m.)—Breathing stertorous; limbs not so rigid; right pupil more dilated than left; conjunctivæ insensible to touch; spasmodic movement of right arm and leg. Died at 6.30.

P. M. appearance.—Arteries of brain atheromatous, especially the basilar and vertebral. On looking at the brain externally, it was seen that the right hemisphere and base were bulged out considerably. On opening the left ventricle an immense mass of blood was seen, part clotted and part liquid. The floor of the right ventricle was so lacerated that it was impossible to discern its component parts. The septum lucidum was torn, and blood extravasated into left ventricle, lacerating a portion of brain there situate. The fornix was injured. At the posterior part of left optic thalamus an old clot was visible. Blood was extravasated through pons varolii, and slightly in cerebrum around the ventricles. Heart healthy, coronary arteries thickened, as also those of kidney, lung, &c. Kidneys healthy; liver healthy.

Post-Mortem Room.

Mary Rogers, æt. 40, was admitted into Mary Ward, under Dr. Wilks, with signs of cavities at both apices, and oedema of the legs, especially the left, which she stated came on a month ago, after catching cold. Urine high coloured, but in fair quantity, half albumen, with blood cells and epithelial casts. Patient was very emaciated, and died 10 days after admission. At the P. M. there was tuberculous disease of the lungs, with large cavities at both apices, and ulceration of the intestine. The right kidney was normal, but the left was much enlarged, weighing $13\frac{1}{2}$ ounces, and in an advanced stage of scrofulous disease, each pyramid being converted into a soft cheesy mass, breaking down in the centre. The disease extended down the ureter, which was thick and hard, and involved the whole of the mucous membrane of the bladder. The right ureter was perfectly free. Dr. Wilks

thought it probable that the disease had started in the kidney, and extended downwards.

C. B., æt. 18, admitted into Stephen, March 20th, with a loud to and fro basic bruit. There was no distinct history of rheumatic fever, but patient had suffered from pains in the limbs about Christmas time, and the case was looked upon as one of ordinary aortic disease. Later on he passed blood in his water, face was puffy, and legs cedematous, and he died with oedema of the lungs.

At the P. M. the valves were found to be fairly healthy, but there was an aneurism of the aorta about $1\frac{1}{2}$ inches in diameter, starting directly above the right coronary artery, passing to the right behind the pulmonary artery, and pushing aside the right auricular appendix. It was contained entirely within the pericardium, and at one point had commenced to form an adhesion to the parietal layer, the sac having almost ulcerated through at that spot. The aorta itself was very thin, not atheromatous, and at the lower part of the opening into the sac presented a very distinct line of demarcation, looking very much as if the coats had been ruptured. At the upper margin there was a wide fringe of vegetation. The sac itself was remarkably thin and delicate. The kidneys were in the condition of acute Bright's Disease, but whether as the result of the interference to the circulation, or as an independent affection, was thought to be open to doubt. Dr. Goodhart was of opinion that the aneurism had been started by a local patch of inflammation.

Correspondence.

[We do not hold ourselves responsible for the opinions expressed by our Correspondents. We cannot insert any communication unless accompanied by the writer's name and address, not necessarily for publication. Our correspondents will oblige by writing on one side of the paper only.]

MIDWIFERY.

TO THE EDITORS.

GENTLEMEN,—In reply to the letter of "Students" in the "Gazette" for May 1st, I beg to inform him that the class of cases he mentions is common enough in midwifery practice, and is mentioned in most of the text-books (*e.g.* "Meadows," p. 273). It is the condition known as "pendulous belly," or retarded labour from impaction of the head on the pubes, caused by the relaxed abdominal muscles allowing of the uterus exercising the force of its contraction in a forward direction. The fundus being downwards and forwards, the os is of course upwards and backwards, almost out of reach; and the amount and duration of uterine action previous to the misdirection of the head readily accounts for the dilatability, yet smallness, of the os, and for the quickness of the second stage. The treatment adopted is sound in theory as successful in practice; but I have found the delay to be as safely and yet more quickly overcome by moderately firm manual compression of the misplaced head upwards and backwards during a pain. Such treatment persevered in for a pain or two generally succeeds in dislodging the head from the pubes, and it at once descends deeply into the pelvis.

I am, Gentlemen,

Faithfully yours,

May 3rd, 1875.

J. B.

Operations.

In the theatre on Tuesday, Mr. Howse exhibited a little girl about four years of age, on whom he had performed a Pirigoff's operation at the ankle-joint two months before at the Evelina Hospital; the result appeared to be all that could be wished, as by the ordinary means of measurement no shortening of the limb could be observed, and the stump was exceedingly well shaped for the adaptation of an artificial foot at a future time. The case was originally a severe one of talipes varus, which had resisted all the usual modes of treatment. In the operation Mr. Howse had removed all the fore part of the foot by laying open the ankle-joint, and sawing obliquely through the os calcis; he then cut off the two malleoli with just enough of the ends of the two bones to make a flat surface for the approximation of the remains of the os calcis, and so leaving a good portion of the epiphyses of the tibia and fibula for the subsequent growth of the bones. The whole united by primary adhesion. As the result was so satisfactory, and the case a unique one (the child being only four years old), Mr. Howse thought it would interest those who were present.

TUESDAY, MAY 11.

Mr. Bryant removed a tumour from the axilla of a man by making an elliptical incision through the integument, and dissecting out the growth with the portion of skin covering it. The tumour was first noticed ten years ago, but had given rise to no inconvenience until a few months back, when it began to grow somewhat rapidly.

A woman, from whose lower jaw 15 years ago Mr. Poland removed a tumour, was next operated upon. The right side of the lower jaw was greatly enlarged. Mr. Bryant made an incision below the margin of the jaw, and cut into a large cavity in the bone, which contained a dark fluid. The cavity was plugged with lint soaked in the tincture of perchloride of iron. The edges of the wound were brought together, and pressure applied by means of a pad of lint and bandage.

Cricket.

The adjourned meeting of this Club was held on May 11th, at 12 noon, in the Anatomical Theatre. Mr. Robson (the chairman) opened the proceedings by stating that the Captain and Secretary for the past year tendered their resignations. He then called on any member to propose their successors. Mr. Thomas proposed Mr. Wallis; Mr. Robson seconded. Mr. A. M. Turner proposed Mr. Gray; Mr. J. H. Poland seconded. Mr. Robson was proposed and seconded, but refused to accept the nomination. On a show of hands Mr. Gray was elected Captain by a large majority. Mr. Boughton, the former Secretary, then formally resigned, and read a statement to the effect that during his tenure of office the Club debt had not been increased, but slightly diminished, and that only two matches had been lost. He concluded by wishing every success financially and in the matches to the Club. Mr. Robson then proposed Mr. W. Cock as Secretary.

This was seconded by Mr. Earle and carried unanimously. Mr. Cock briefly returned thanks. Mr. Robson then stated that in consequence of the Club debt no ground had been engaged for practice this season, but that Kennington Oval and Nunhead were available at moderate charges. The sense of the meeting seemed to be against engaging a ground until the debts were paid off. The meeting then separated.

We are asked to announce that all new men desiring to play are requested to give in their names to the Captain.

The Wards.

The following Cases were admitted between May 6 and May 12:—

MEDICAL.

ADDISON.—5, Mitral constriction. 8, Mitral constriction. 4, Morbus Brightii. 11, Spinal curvature, bronchitis. 16, Paralysis of left 3rd and 4th nerves (syphilitic disease). 22, Diabetes. 36, Debility.

BRIGHT.—1, Left pleuro-pneumonia. 3, Acute rheumatism. 8, Bronchitis.

JOHN.—2, Left pleuro-pneumonia, paracentesis. 9, Paraplegia. 10, Cirrhosis, ascites, paracentesis.

MARY.—7, Anæmia. 15, Strumor. 20, Hemiplegia.

PHILIP.—19, Amaurosis, cerebral tumour. 24, Left pleuro-pneumonia. 14, Phthisis. 25, Aneurism of thoracic aorta. 13, Bronchitis, phthisis. 35, Aortic imperfection and obstruction. 11, Phthisis, pleurisy. 15, Left pleuro-pneumonia. 38, Epileptic coma. 40, Left pleuro-pneumonia. 38, Morbus Brightii. 21, Morbus Brightii. 49, Mitral regurgitation. 36, Pleurisy.

STEPHEN.—9, Phthisis. 12, Commencing paraplegia (?). 50, Acute rheumatism. 7, Acute rheumatism. 24, Hemiplegia. 38, Albuminuria. 25, Paralysis. 26, Bright's disease. 31, Dropsy, Bronchitis, Emphysema. 40, Morbus cordis. 19, Morbus cordis. 11, Prematensis, (?) Ulcer of stomach. 10, Morbus Brightii.

SURGICAL.

The following Cases were admitted between May 5 and May 11:—

ACCIDENT.—5, Contused foot. 6, Spinal concussion. 9, Fractured tibia. 25, Contused leg. 31, Sprained ankle.

CHARITY.—2, Disease of elbow-joint. 5, Peonaris palmaris. 6, Talipes.

CORNELIUS.—13, Concussion. 16, Fractured fibula. 19, Fractured femur. 20, Fractured ribs, emphysema.

DORCAS.—1, Hip disease. 2, Gangrene of finger. 13, Disease of elbow-joint.

JOB.—4, Necrosis of tarsus. 9, Sarcoma of axilla. 11, Injury to head—compression—trephining—death.

LAZARUS.—3, Lympho-sarcoma of axilla. 8, Malignant growth in groin. 11, Stricture. 15, Villous growth in bladder. 19, Incarcerated hernia. 17, Suppuration about external malleolus.

LUKE.—4, Epithelioma of tongue. 17, Sciatica. 5, Disease of knee-joint. 11, Tumour of thigh. 2, Talipes equino-varus.

LYDIA.—Cot, Disease of ankle.

MARTHA.—2, Fractured femur. 3, Scalp wound. 6, Stricture of rectum. 9, Sub-mammary abscess. 12, Ulcers in thigh. Cot, Disease of elbow-joint. 15, Strumous disease of knee and wrist joints. Cot, Fractured femur. 21, Disease of elbow.

NAAMAN.—3, Disease of knee joint. 18, Irritable bladder (?) stone. 20, Disease of metatarso-phalangeal articulation. 21, Disease of elbow.

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Guy's Hospital Gazette.

A Students' Journal of Hospital News, Medicine, and Surgery.

Vol. VI.—No. 4.]

SATURDAY, MAY 22, 1875.

[TWO PENCE.]

THERE are many reasons why sports should flourish better among medical students during the winter than during the summer months. In the first place, the summer session only consists, even nominally, of the short space of three months, while, in point of fact, the majority of first year's men generally contrive to get away at least a fortnight before the session closes, the consequence being that any engagements which have been made for the end of July generally fall through. Then there are many inducements for men living a little way out of town to join themselves to country cricket or athletic clubs in the summer, and they do not, therefore, think so much of their *alma mater* as they ought to do; while in the winter, on the contrary, when men are working harder, and therefore attending the Hospital more regularly, they are more likely to take interest in the Hospital Athletic Clubs. Cricket, of course, is, by far, the most important of all summer sports, as indeed of all sports whatever, and it is to the cricket prospects for the present season that we wish now particularly to call attention.

For several years the Guy's Cricket Club has not been in altogether so prosperous a condition as we could have wished. We do not mean by this that the play has been indifferent, or that Guy's has failed to turn out men who could do honour to this, as to all other kinds of athletic sports, for we could easily mention the names of half-a-dozen men who have worthily upheld the prestige of our Hospital for the last five or six years, and some of whom have been seldom surpassed among amateurs for brilliancy of play; but we rather mean that the affairs of the club have not been managed with that energy and discretion which have characterized the management of the other athletic clubs at Guy's.

We do not wish, by these remarks, to hurt the feelings of anyone, far less of any of the former secretaries of the club; all honour to them for undertaking their thankless offices and doing their best; but, somehow or other, it is a fact that the Cricket Club, as we had occasion to remark in a leading article last year, "has dragged out a miserable existence."

This ought not so to be, and we believe it has been determined by the new Secretary and Captain that it shall not be so any longer. At the commencement of the present season there was a debt on the club, amounting to nearly £20, and at the commencement of last season it was even more; it is quite time that this should be wiped off, and we have no doubt, from what we hear, that by the end of the present season it will be wiped off. The club have judiciously decided not to engage any ground this year, but to play all their matches on the grounds of their opponents. This, of course, will greatly relieve the finances, as the only expense on this head will be for the hire of Kennington Oval for the opening game.

With regard to players, the club has, no doubt, lost the services of several of their best men, notably Power and Williams; but, on the other hand, we hear of several recent additions who are likely to prove useful acquisitions. What we need most (as, indeed, amateur clubs most do) are one or two more really good fast bowlers; but we have no doubt that before the season closes this want will be supplied. The match played last Monday, at Blackheath, was, no doubt, a very unfortunate affair; but, whereas Guy's was very poorly represented on that occasion, their opponents mustered in unusual strength, owing to the day being a bank holiday, and the match must not, therefore, be looked upon in any way as a test.

We do hope, however, that all playing members of the club will feel it their duty to keep any appointments they may make to play, and not scratch their names at the eleventh hour, nor, still worse, promise to play, and then fail to appear.

NOTES ON HISTOLOGY.

(From DR. PYE-SMITH'S "*Demonstrations of Practical Physiology.*")

Continued from Page 18.

TUBULAR GLANDS.—Starting from the deep straight pits which we saw in sections of the stomach and intestine, the next step for increasing secretory surface is for the deep part of the long tube to be twisted up on itself. This coil will be the secreting part of the gland, and the remaining part will form the duct. Such sudoriparous glands you have seen in sections of axillary and palmar skin, and in the pads of a dog's foot, but the straight and corkscrew parts of the duct, and the secreting glomerulus will rarely happen to be all included in our section.

Now, suppose the tube to be enormously lengthened, and to divide at long distances into two branches, each of which splits again, and so on until the final tubules form their convolutions. This will form a compound tubular gland.

The **TESTIS** is of this structure. Take one which has not been hardened, and pull out an inch or more of one of the secreting tubes. Under a moderate power, this will show the basement membrane and thin fibrous corium, and the large spheroidal brownish granular epithelial cells which line it and nearly fill up the lumen. Some of these *tubuli seminiferi* will be seen ending in simple blind extremities, others joining at an acute angle with another branch. A section of a hardened testis shows these convoluted tubes in situ, like a bag of worms cut in various directions, with the loose areolar tissue and blood-vessels surrounding them, and the thick fibrous septa which pass in from the still thicker capsule (*tunica albuginea*). To see the structure of the last membrane tear up a morsel in water, and add acetic acid. You will find that it consists of dense white fibrous tissue, with scarcely a trace of elastic fibres.

The great peculiarity which distinguishes the testis from other glands is that its secreting epithelium not only selects chemical products from the blood, or manufactures fresh ones from the material thus obtained, but also forms living structural elements, probably by a process of endogenous nuclear division. You may come across some cells filled with these structural products in the shape of long curved hair-like bodies; but to see them alive and active, prick the testis of a fresh-killed frog, and squeeze out a drop of seminal fluid. Examine this, diluted with frog's blood, or serum, or even with salt solution, by the aid of the highest powers you have. You then see a multitude of long slender structures, each with a minute head at one end, moving rapidly about by a lashing movement of their "tails." When the movement begins to slacken, it may often be revived by the addition of water or of very dilute potash. The action of these *spermatozoa* bears a close resemblance to that of cilia, and, just

as a ciliated epithelial cell may be compared with a ciliated infusorium, so a spermatozoon may be compared with a flagellate infusorium, a unicellular organism with a single long vibratile cilium called a *flagellum*. The head is the nucleus, and the rest of the uni-ciliated cell is represented by a little looser protoplasm which surrounds the "head."

KIDNEY.—This is the most complicated tubular gland. The blind ends of the tubuli are dilated into globular sacs (*capsules of Malpighi*), which consist of basement membrane lined, not by glandular (spheroidal and granular) epithelium, but by flat, thin, transparent pavement cells (endothelium). Moreover, inside each of these capsules is a tuft of arterial capillaries (glomerulus), the efferent and afferent vessel of which pierce the capsule usually opposite to the point of exit of the uriniferous tubule. The convoluted tubules are lined, as in the testis, with spheroidal opaque epithelium, but outside their basement membrane are surrounded by a venous plexus, instead of being supplied by capillary vessels. The efferent part of the tubule, corresponding to the vasa recta and vasa efferentia of the testis, is straight, and these *tubuli recti* are lined, like most other glandular ducts, by columnar, transparent epithelium. They unite, two at a time, until the last open into the *infundibulum*, or slight depression situated on the summit of a pyramid of Malpighi like the crater of a volcano.

So much was made out thirty years ago by M. Bowman. The only important addition made since is the discovery of Prof. Henle of Göttingen, that between the convoluted and straight tubes there is a much narrower tract, which dips down towards the pelvis of the kidney and then returns on itself, joins one or two more "ascending" tubules, and suddenly delates into a straight tube. These siphon tubes or looped tubules of Henle obviously consist of two limbs, the *descending* running down from the cortex nearly to the apex of its pyramid, and the *ascending* passing up again from the loop to the cortex. They are exceedingly narrow, and the calibre of the latter is still further reduced by its being lined with columnar epithelial cells laid somewhat obliquely one against the other, like the tiles of a house, so that the apex of each points upwards as well as inward, as if the stream of urine had washed them in that direction like the weeds in the bed of a river. The descending limb of the loop is lined by flat epithelial cells with particularly prominent nuclei.

The office of the "Malpighian body" is clearly the mechanical one of filtering off the water (and crystalloids in solution) from the blood in the glomerulus, by a process of osmosis; that of the convoluted tubules is the vital function of separating (or perhaps manufacturing in part) other constituents of the urine from the blood in the venous plexus, by a process of secretion or cell growth. The use of the looped tubes has not even been guessed.

The above structures make up the *parenchyma* of the kidney: *i.e.*, in the modern sense of the word, the peculiar part of the organ, that which does its special functions—in the case of a gland, the secreting part. Next, as in the pancreas, testis and other organs, comes the *stroma* of connective tissue. In the kidney this is scanty, but may be seen as delicate areolar tissue, with fibres and nuclei, surrounding the malpighian capsules and the straight tubes. In disease it is often much increased. Lastly, as in other organs, there are the *bloodvessels*, *lymphatics* and *nerves*. The first consist of the branches of the renal (artery which are large and numerous, and run straight between the pyramids till they reach the cortex) the glomeruli of the malpighian bodies, their efferent venules, the plexus of veins round the convoluted

tubes, and lastly the large veins (*vasa recta*) which run side by side with the *tubuli recti* and collect into the renal vein. The lymphatics run into the lumbar glands; there are no lymph glands in the kidney itself, as there are in the parotid and pancreas. The nerves are derived from the lesser splanchnic and solar plexus, and are partly distributed to the arteries (*vaso-motor*) partly to the pelvis (afferent and under abnormal irritation sensitive).

To see the structures of the kidney, first scrape the cut surface of a fresh one, and dilute with salt solution. A quarter inch objective will show blood cells, glandular epithelium, fragments of convoluted tubes and detached malpighian capsules. Next, choose a somewhat congested kidney, hardened in spirit, and cut a vertical section from the surface to the pelvis, including at least one pyramid of malpighi, and examine it with a lens or low power. This will show (1) the cortex forming the base of the pyramid, with its numerous malpighian bodies and dense tangle of convoluted tubes, the former not scattered quite at random, but leaving intervals made up of tubules only; (2) the medullary part of the pyramid, with its converging crowd of straight tubes; (3) between the medullary parts of two pyramids, portions of cortex will be seen to have grown in, as it were: these contain malpighian bodies and convoluted tubes like the rest. Covering the surface of the cortex will be seen the fibrous tunic in section—much thinner than the tunica albuginea of the testis—and covering the apex of the pyramid the mucous membrane of the pelvis, which dips in a certain distance between two pyramids, so as to form *calyces*. In examining cats' or rabbits' kidneys, remember that they consist of a single pyramid only.

Next, study the cortex by help of a thinner and smaller section, under a higher power. Then make a section transversely across one of the pyramids near its apex. This will show (1) the large straight tubes, with columnar epithelium; (2) ascending and descending limbs of Henle's tubes, the former rather narrower than the latter, and lined with thicker epithelium; (3) bloodvessels, the arteries distinguished by their smaller size and thicker coats, the veins blocked with blood, large, numerous and thin-coated. For the bloodvessels, take an injected kidney, cut a vertical section, and put it up in strong glycerine. To see the epithelium of the tubes, the specimen must be fresh, and as free as possible from blood, and the cortical sections should be stained with silver.

(To be Continued.)

ALCOHOL: A DRUG, FOOD, OR POISON?

BY R. E. CARRINGTON.

BEING THE PRIZE ESSAY OF THE PHYSICAL SOCIETY.

(Continued.)

WITH regard to the late Coomassie Expedition enquiries were made of the Medical Staff by Dr. Parkes on this point, and the result is to be found in the *Lancet*, August 15 and 22 1874, but it cannot be said that much was elicited. It was found that in freedom from disease the teetotallers had the advantage of the men who took their ration of rum, but this result was rather to be expected from the better character of the abstainers, and the more care that such men

would take of themselves; but in a physiological enquiry this would only be a source of fallacy. The British soldier is proverbially intemperate, and such a man would of necessity not stand so good a chance as one who never injured himself by alcohol. A majority of the officers were certainly of opinion that the spirit ration was decidedly of service, but in order to experience its utility there was no possible doubt that it should not exceed $\frac{1}{4}$ a gill, or $2\frac{1}{2}$ ounces daily, and also that the time for its administration was after the fatigue of the day was over or after food. There was no doubt of the fact that if taken whilst on the march its effects were transient, and the exhaustion consequent upon the stimulus was excessive. This was not only the observation of the medical staff, but some of the men themselves noticed it, and refused rum whilst on the march.

In the Russian army alcoholic drink is supplied only in exceptional cases, and then the ration is 5.4 fl. oz. of brandy. Its sale is prohibited in camp, but officers have the power of ordering it in cold and foggy weather.* And Dr. Carpenter states that not only is alcohol not allowed on the march, but no soldier who has recently taken any is allowed to go.†

‡ In the medical history of the New Zealand War it was noticed by Staff-Assistant-Surgeon Neill that the men marched better and with less fatigue, even during the winter when exposed to wet and cold, if no spirits were given.

What, then, are to be our conclusions from these facts? We have found that the greatest bodily labour can be endured in a good climate without alcoholic stimulant, but we have also evidence that when the climate has an enervating and depressing effect, as on the Gold Coast, that a spirit ration under due conditions is of advantage. We have the fact that in the Russian Army spirits are found to be inimical to the men's staying powers on the march. And lastly, we have it in our own country that a number of men who set themselves the task of bringing their bodily vigour to the highest pitch of perfection drink a somewhat considerable quantity of alcoholic liquor in one form, but rigidly abstain from it in another. I think, then, we must allow that we can, in circumstances of health, do as well without as with alcoholic drink, but that there are circumstances which will be more particularly described when we treat of alcohol as a drug, under which its use is beneficial, and this is well expressed by an officer who went through the New Zealand War, who says, "Anyone who has had real campaigning knows the value of a glass of grog before making a night of it in a muddy ditch." What shall we say of the Cambridge course of training? Does Dr. Richardson give the explanation when he says that the superior resisting power of youth prevents the chronic effects of alcohol from being manifested. Or is it rather to be sought in the fact that the discrimination between the beer, wines, and spirits has taught the trainer that the two former are beneficial in their effect upon the organism? We know what an influence the mind has upon the vital functions, which is perhaps exemplified in the observation, that possibly in the course of training, that with due limit, if a man is accustomed to any particular indulgence, it is better to let him have it than to let him fret for it, and also that the ration of rum at night to men who are always taught to believe in its efficacy makes them good-tempered, and cheers them up. I think, however, that such a mental influence could be but small if it were that

* Army Medical Reports, 1867.

† Quoted by Dr. Parkes in "Manual of Hygiene."

‡ Appendix I., Army Medical Reports, 1870.

the wine or beer were injurious, but that we must rather seek explanation in the different properties of these drinks, and must allow that a certain amount, if not of any good, is assuredly not injurious, but always with this proviso, that it must be taken with food, for I believe most emphatically that alcoholic stimulus without food is an unmixed evil.

Alcohol enters, in greater or less quantity, into the composition of all fermented liquors. Whether we can take the properties of the pure substance as a type of the whole, or whether these fluids differ by any important properties from one another, is a question. * Dr. Carpenter says, that an alcoholic drink depends entirely upon the amount of this substance which it contains, and that if corresponding quantities of different liquors, containing equal amounts of alcohol be taken the effects would be identical. † Dr. B. W. Richardson holds the same view very closely, but the late ‡ Dr. Ed. Smith made very numerous experiments upon various kinds of substances in relation to their aspects as foods, and he found very considerable difference between the different action of alcoholic liquor upon the organism, chiefly affecting the carbonic acid expired and the volume of air respired. I have already quoted what were his results with regard to ardent spirits, and the following is what he found with respect to wine.

In a great number of observations, 3 iij. of tolerable sherry produced :—

Average increase CO₂ expired per minute .19 and .3 grs. in himself, and .926 and .21 in his friend.

On some occasions a decrease in both, which amounted to an average of .32 grs. both in himself and friend.

The quantity of air respired was lessened in Dr. Smith, but varied in the other case. Respiration fell. Pulse rose in Dr. Smith, but varied in the other case.

BEERS.—3 x. of good Dublin stout. Increased CO₂ expired, .85 grs. and .81 grs. Quantity of air respired increased by 41 and 46 cubic inches. Rate of respiration varied, but the pulse was increased by 4 to 7 beats. Depth of respiration increased by 1.6 per cent.

3 x. of fine old Ale.—Increased CO₂ expired, .6 and .27 grs. per minute. Volume of air increased by 60 cubic inches.

In Pereira's "Materia Medica" reference is also made to this point. He implies that there is some sort of chemical relation in a natural wine between it and the alcohol. A natural wine cannot contain more than 17 per cent. of alcohol, but, by an artificial process, which consists in adding brandy and redistillation, sherries are brought up to 20, and ports even to 25 per cent. of alcohol. Now connoisseurs assert that a brandied wine is more intoxicating than a natural wine which contains an equal amount of alcohol.

Mr. Brande analysed average quantities of ardent spirit and water containing 4 3/4 of alcohol (sp. gr. .825, at 60° Fahr.), and these are his results.

Brandy, about	-	-	-	8 fl. oz.
Port	„	-	-	18 1/2 fl. oz.
Claret	„	-	-	26 1/2 fl. oz.
Champagne	„	-	-	32 fl. oz.

Now, by this, a pint of port wine would be about equal in intoxicating effect to half that quantity of brandy, and I think we may at once say that such is not the case.

Are we then justified, upon these grounds, in dividing these liquids sharply from one another?

In the consideration of the whole paper, I have supposed that alcoholic liquor is pure, and not adulterated, and I think in a physiological enquiry we are justified in so doing, but as

to distinguishing the different kinds, I think we must not do so very decidedly, but with some reservation, allow that the character of the alcohols is that most prominently shown, and that the ardent spirits (of course we are considering now those that are pure) approximate most nearly, both in composition and properties, to that substance; but we must remember that the wines and beers are very compound bodies, and that there are many substances contained in them that may to a considerable extent alter the properties of alcohol. Thus, good beer itself, in addition to alcohol, contains sugar and nitrogenized matter, and is, in fact, a low kind of food, independently of the alcoholic spirit contained in it, and wines contain many substances, such as tannin, grapes, sugar, various vegetable acids; large quantities of bitartrate of potash and lime, which may have effects of their own; at all events, in addition to the stimulant effect of the alcohol, there is no doubt but that they have marked tonic properties.

It will be useful here to consider the per centage composition as to alcohol of the different liquids containing it, and the following were the results of Mr. Brande's analyses.

SPIRITS—

Whisky,	54.11 per centage alcohol (sp. gr. .825 by volume)
Rum,	53.68
Brandy,	53.39
Hollands	51.60

BEERS—

Burton Ale,	8.88
London Porter,	4.20
Stout,	6.80

WINES—(Dr. Christison).

	Proof spirit per cent. by volume.
Port: Mean of 7 wines	- - - - - 33.91
Sherry. Mean of 13 wines, excluding those long in the cask	- - - - - 33.59
Mean of 9 wines, very long in the cask	- - - - - 32.30
Claret	- - - - - 16.95
Brande gives claret to average 15.10 of alcohol (sp. gr. .825) per cent. by volume.	
Champagne	- - - - - 12.61
Hock	- - - - - 12.08

Finally, Dr. Parkes gives the following, allowing that 1 1/2 oz. of alcohol is the limit of consumption in the body. Such an amount, in round numbers, would be contained in the following quantities :—

Brandy,	3 iij.
Strong wines.—Sherry,	20 per cent, 3 vii gs.
Weaker { Claret } wines. { Hock }	3 xv.
Beer.—	5 per cent., 0 ijs.

* Physiology of Temperance.
† Castor Lectures, 1875.
‡ Phil. Trans., 1859.

Operations.

THURSDAY, MAY 13.

Mr. Howse amputated above the knee on a boy æt. 10, who had been run over by a tram car, and had considerable laceration of the leg and foot with compound fracture. The operation was done just above the condyles of the femur;

anterior and posterior semicircular skin flaps were made, and the muscles divided by a circular incision. The operation was performed antiseptically.

FRIDAY, MAY 14.

Mr. Howse operated for necrosis of femur following a blow 14 years ago. An incision was made on the outer side of thigh, just above knee, and the probe passed into a sinus in the bone. By means of the chisel some of the surrounding bone was cut away, and the opening enlarged. Some exceedingly offensive dead bone was then removed, and the wound plugged with lint.

Mr. Bryant removed a small piece of necrosed bone from the metatarsal bone of the great toe of the left foot. The patient was 13 years of age, and the disease had existed five years.

Mr. Bryant next tied a sub-mucous nævus, situated within the mouth close to the left angle, in a child aged 9 months.

Mr. Durham operated on a man with a malignant growth in the left groin. The patient is a chimney-sweeper, a married man with one son. No history of syphilis.

Four months ago he noticed a small lump about the size of a bean in the centre of left groin, which was painless and freely moveable; for three months this increased rapidly, the last month it has been stationary. He has been losing flesh, and has no appetite. On admission, the growth has an irregular outline, filling in the whole of Scarpa's space, more adherent on the outer than the inner side; it is hard and not at all moveable. The scrotum has a dusky look but no appearance of disease. No oedema of leg. At the operation two semilunar incisions were made below Poupart's ligament, and the growth dissected from below upwards; it had infiltrated part of the pectineus muscle and the femoral vein, about 3 inches of which was ligatured above and below, and cut away. There was a good deal of venous hæmorrhage. The wound was left to granulate. The patient is doing well.

MONDAY, MAY 17.

Mr. Howse removed a bullet from the palm of a young man. We hope to report this case more fully next week.

A man, æt. 54, was brought into the theatre suffering from strangulated inguinal hernia. He had been ruptured 16 years, but lately it had been partially irreducible. It came down on the evening of the 17th, and symptoms of strangulation soon set in. Chloroform was given and the taxis applied, but without success, and so Mr. Howse proceeded to operate. The sac being opened it was found to contain both bowel and nearly the whole of the omentum much thickened, but although the external ring was divided the finger could not be passed into the canal, neither could anything be returned. Above the ring in the canal was what appeared at first to be a second sac, this however was caused by an hour glass constriction of the sac itself. This being divided the intestine was returned and the omentum ligatured in two portions and cut off. The operation was done under the spray.

For the report of Mr. Durham's operations we are indebted to Mr. Burton.

The volume of the Guy's Hospital Reports for 1875 is now ready, and may be obtained on application to the Janitor, price 6s.

Mr. Birkett and Mr. Cooper Forster have resigned the lectureship on Surgery, and the vacancies have been filled by the appointment of Mr. Bryant and Mr. Durham.

General News.

AN attempt is to be made to revive the Guy's Boating Club, which has been defunct for several years; with this view a general meeting will be held in the Anatomical Theatre next Tuesday at 12.30.

THE LATE DR. PHILLIPS.—A correspondent of the *Cambrian News* gives a description of a monument recently erected to the memory of the late Dr. Phillips at Towyn his native place. He says:—

"This fine monument is made of Aberdeen granite, in the shape of an Egyptian obelisk, with ornamental Roman base, all polished and beautifully finished, and of magnificent size and proportion. The obelisk without the pedestal is ten feet high, of one solid block of granite. The hardness of the Aberdeen granite enables joints to be so closely made that they are scarcely perceptible, even to an experienced eye. When made in pieces the frustra can be so well put together that the entases appears perfectly true, without wrinkle or irregularity, even when examined by reflected light. In fact when the granates are selected carefully as to shade, the joints can hardly be traced. The above-mentioned facts show that the greatest possible care and skill is required in erecting these monuments, especially when they are of such massive proportions as the one under notice. In this case there is not much to be complained of, particularly when it is considered what appliances there were at hand for the execution of such delicate work. This is no common place pile of blue slate stones, which are so commonly used in our grave yards, and which contrast so unfavourably with the repositories of the dead of all other nations in Europe, but in all ways worthy (if such be possible) of the illustrious dead, whose noble memory it is intended to perpetuate. The monument was prepared by Mr. Macdonald, of Aberdeen, at whose works and out of the same material were made the decorative pillars of the Imperial Opera House in Paris, the sixty pillars of the new banks in Old Broad Street, London, the Sarcophagus for the late Lord Lyndhurst, Lord Eglinton's monument at Ayr, Thackeray's memorial in Kensal-green Cemetery, the monuments of Sir John Franklin, Brunel, Stephenson, and thousands of others. There is the following inscription on the monument:—"In affectionate remembrance of John Jones Phillips Esq., M.D. Lond., M.R.C.P. Lond., M.R.C.S. Eng., of 26 Finsbury Square, London, Assistant Obstetric Physician to Guy's Hospital, Assistant Physician to the Hospital for Sick Children, Physician to the Royal Maternity Charity, &c., &c., son of the late J. B. Phillips, Esq. He died on the 22nd day of January, 1874 aged 31 years. His brilliant talents and persevering energy obtained for him a distinguished position in his profession, while the Christian purity of his character, his deep conscientiousness, his affectionate disposition, and his gentleness of manner, have won the love and esteem of all with whom he came in contact. "Blessed are the pure in heart." This monument will to future generations as well as the present, bear testimony of what untiring and constant application to a purpose can attain, and it would be well if young people read the inscription on it, and considered how magnificently perseverance rewarded the efforts of this young gentleman at thirty-one years of age. The monument stands on the family vault, and on the East side of it there is also the following inscription in memory of Dr. Phillip's father:—"In affectionate remembrance of John Bowen Phillips, Esq., surgeon, Towyn, who slept in Jesus on the 23rd day of May, 1865, aged sixty-nine years. He successfully practised his profession in this town for forty-six years."

Notes from the Wards.

T. L., æt. 17, was admitted to Stephen early in April, with obscure pains in the abdomen. Whilst giving his history he mentioned that a month previously he had received a blow on his left shin, and a painful swelling was found, which Mr. Howse punctured. The microscope showed that the growth consisted of small lymphoid cells, and the patient was transferred to Naaman, where his leg was amputated just above the knee-joint. The stump showed no sign of healing, and the patient sank in three weeks. At P.M. the mediastinal and a few of the lumbar glands were found much enlarged and softened into a puriform condition. The surface of the pleura was covered with many tumours, varying in size, some being as large as a walnut. Along the margin of the lung was formed, in several places, a regular chain of nodules. One growth only was found imbedded in the lung structure. The only other place in which growths were found was on the surface of the liver, two being on the upper, and one on the lower surface. These growths were made up almost entirely of small round cells similar to those found in the tumour of the leg.

On Tuesday morning a man, æt. about 40, was brought to the Hospital by two policemen, who stated that the previous night he had been found in the street "drunk and incapable," and in consequence had been locked up at the station for the night. On going to his cell in the morning he was found in a fit, and at once brought to the Hospital. Whilst lying in the surgery, he had a succession of epileptiform attacks, in the intervals of which he could be roused with great difficulty, but not sufficiently to give his name nor to protrude his tongue. His wife said he was addicted to drink, but had never before had a fit. In an hour or so he became utterly unconscious, conjunctivæ insensitive, pupils dilated, but right mostly so, and right angle of mouth drawn. There was no paralysis of the extremities, but some rigidity on the right side. His water also, which had been previously retained, now dribbled away. The temperature was above 104° Fahr., and frequently small quantities of blood came from his mouth. Several of the Staff saw the patient, but none would give a definite opinion. As there was a swelling over the right temporal bone, Mr. Davies-Colley determined to trephine, especially as Mr. Bryant related a case of a similar kind, in which he had refused to operate, and had found blood extravasated upon the dura mater at P. M. On removing the bone from over the middle meningeal artery Mr. Colley found that there was a good deal of black clotted blood lying on the surface of the dura mater. Some of this was removed, and the patient placed in bed. He never regained consciousness, however, but died about 7.30. p.m. on Wednesday.

At the P.M. examination it was found that there was a vertical fissure of the skull, extending from the summit of the vertex down the right side, and through the middle fossa of the base. There was a large clot of blood lying over the right hemisphere of the brain, partly inside and partly outside the dura mater, flattening the brain surface. The opening made by the trephine was half an inch behind the fracture.

A lad, in a drunken freak, swallowed a few drops of strong solution of ammonia. When admitted, within half an hour his tongue, lips, and greater part of palate and visible pharynx

were denuded of epithelium. No great distress; pains extending to about the level of cricoid. He took vinegar and water, and sucked ice. On the third day was sent out well, the epithelium having in good part re-formed.

A woman was brought in who, for suicidal purposes, had swallowed about a dram of white precipitate floating on beer. She was immediately sick, but on admission gr. xxx. pulv. emetic. was given, and the patient sent out well in two days.

A case of diabetic coma was admitted into Clinical on Wednesday, and died the same day.

Post-Mortem Room.

Chronic Peritonitis. Obstruction of Portal Vein.

G. S., æt. 28., healthy till 9 months ago, since when he has complained of pains in his loins, has lost flesh, and occasionally vomited. For one month swelling of abdomen and subsequently of legs. Diarrhoea the last few days. Has been a heavy drinker. On admission he was extremely wasted and anæmic. Abdomen was somewhat distended with some amount of fluid. Liver dulness very slight, and superficial veins enlarged. The intestines did not float as is usual when the ascites is due to cirrhosis, nor was the appearance of the patient that of cirrhosis, and some were in favour of tubercular peritonitis with effusion; others thought the history of drink, small liver and distended veins favoured cirrhosis. P.M. showed chronic peritonitis with a more acute attack on it. The portal vein was obstructed in the portal fissure this being thought to have occurred when the peritoneum originally became inflamed.

Tubercular Disease of Lungs and Peritoneum.

W. L., æt. 40, admitted on April 29th, gave a history of 3 months cough and wasting, no vomiting, but slight diarrhoea lately; well marked signs of phthisis at both apices, but especially the left; face congested, abdomen distended, some ascites, fluid gravitating readily; superficial veins slightly enlarged, liver dulness increased. Sickness came on soon after admission, and the diarrhoea seldom left him. On the 14th inst. the abdominal symptoms became much aggravated, and he died from acute peritonitis in 36 hours. P.M. Cavities at apex of lung, and a good deal of tubercle on both sides. Recent acute suppurative peritonitis. Very much tubercle on the peritoneum, being most abundant as usual on surface of diaphragm. Liver weighed 76 ozs. and was both cirrhotic and nutmegged. Gall bladder distended with bile, which was squeezed out with difficulty, a mass of inspissated bile lying in the common duct, and possibly accounting for the jaundice which appeared a few days before death.

Left Pleuro-Pneumonia with effusion. Right Pleurisy. Pericarditis with effusion.

S. D., æt. 18, got wet through on 7th inst., and same night shivered and complained of pain in left side, was admitted on 10th with dulness to spine of left scapula behind, and 3rd rib in front. The dulness increased till on the 15th it extended to the apex of left lung, the heart's apex was felt a little internal to the right nipple and distress was extreme. Paracentesis was performed, but the patient sank in 24 hours. P.M. The left lower lobe solid, the upper lobe

collapsed, and the entire surface covered with lymph, about half a pint of fluid being in the pleura. Right lung covered with lymph on its lower part, and its pleura contained a little fluid. Both surfaces of pericardium coated with lymph, and more than half a pint of fluid in its cavity. No endocarditis.

Left Pleuro-Pneumonia with slight effusion. Œdema of Right Lung

J. H., æt. 24, admitted May 11th, was a brewer's drayman, but very abstemious. Three weeks previously had complained of pains in joints; these left him two days since, when shortness of breath, pain in left side, and cough attacked him. The left lower lobe appeared to be solid, and at base a pleuritic rub was heard, replaced in a few days by signs of fluid. There was no expectoration. On 13th, moist sounds were heard all over right lung, breathing became much distressed, and patient died next day. P.M.—Left lung solid throughout, with its surface covered with a thick layer of lymph. Right lung very oedematous. Heart healthy, with slight deposit of lymph round the great vessels.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The following questions formed the written examination at the College last week:—

1. Describe the course and relations of the internal Pudic Artery; and specify the operations in which any particular branch of it is liable to be wounded.
2. Describe the operation of resection of the Elbow joint; and enumerate, in their proper order, the parts divided.
3. What complications may accompany an apparently simple stab of the Abdomen, two inches to the right of the Umbilicus? and what would be the immediate appropriate treatment, according to circumstances, of the case?
4. How may the patella be fractured? Describe the principle of the treatment of this injury, and the various appliances used. How do these fractures unite? and on what does the subsequent efficiency of the limb depend.
5. Describe the structural changes which must precede completed bony Anchylosis.
6. What is a Hæmatocele? If subjected to incision, what are the pathological changes which precede the cure?

The following gentlemen passed on Tuesday last, May 18th:—

Messrs. A. Carey, (in surgery only), Bell, Williams & Mallam.

The following passed on Wednesday, the 19th:—Messrs. G. Miles, Booth, W. H. Hall, T. Brown, W. C. Theed and R. C. Richards.

The following passed on Thursday the 20th:—

Messrs. H. Cotton, D. T. Evans and Bevan. Only two Guy's men were referred.

Cricket.

SEASON 1875.

MATCHES AT PRESENT ARRANGED:—

May 26th	Blackheath Morden	...	...	Blackheath.
June 5th	Richmond	...	...	Richmond.
„ 8th	Charlton Park C.C.	...	...	Charlton.
„ 21st	Malling...	...	...	Malling.

H. WILLIAMS, *Hon. Sec., pro tem.*

The Wards.

MEDICAL.

The following Cases were admitted between May 14 and May 19:—

ADDISON.—5, Mitral stenosis—dropsy. 6, Sub-acute rheumatism. 9, Mitral stenosis, 18, Mitral regurgitation. 20, Pleurisy.

BRIGHT.—1, Phthisis. 5, Acute rheumatism. 10, Poisoning by white precipitate. 19, Diphtheria. 21, Mitral stenosis.

CLINICAL.—2, Hæmaturia. 28, Diabetic coma—death. 29, Mitral stenosis. 30, Ascites and dropsy.

PHILIP.—6, General paralysis of insane (?). 8, Mitral insufficiency. 21, Left pleuro-pneumonia—death. 21, Rheumatic pericarditis. 31, Senile decay. 47, Acute morbus Brightii.

SURGICAL.

The following Cases were admitted between May 14 and May 19:—

ACCIDENT.—1, Fractured femur. 3, Fractured internal malleolus. 5, Fractured fibula. 10, Concussion. 11, Fractured tibia and fibula. 14, Compound fracture of leg—amputation. 16, Punctured wound of abdomen. 17, Fractured fibula. 18, Fractured tibia and fibula. 24, Compound fracture of leg. 25, Concussion.

CORNELIUS.—3, Fractured tibia.

CHARITY.—5, Contracted cicatrix. 20, Ulcers on leg.

DORCAS.—1, Disease of elbow joint. 9, Eczema.

LUKE.—2, Talipes. 4, Necrosis of tarsus. 7, Hydrocele.

LAZARUS.—1, Ununited fracture of ulna. 3, Spinal disease.

MARTHA.—18, Talipes.

NAAMAN.—3, Necrosis of femur. 4, Morbus Coxæ. 5, Gunshot wound of hand. 6, Inguinal hernia—operation. 7, Ruptured urethra. 18, Stricture of urethra. 20, Disease of fifth metatarsal bone. 21, Disease of elbow. 22, Necrosis of jaw.

Birth.

On 17th May, at 44, Trinity Square, Southwark, the wife of Frederick George Larkin, M.R.C.S., &c., of a son.

ANSWERS TO CORRESPONDENTS. “An old student” is thanked for his letter, which is not inserted as the event mentioned is more than uncertain.

ERRATA.—(Births) For Holmon read “Holman”; and (Royal College of Surgeons) for Laynes read “Jaynes.”

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(See STUDENTS' JOURNAL, April 10th, 1875, page 105).

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Gazette.

A Students' Journal of Hospital News, Medicine, and Surgery.

VOL. VI.—No. 5.]

SATURDAY, MAY 29, 1875.

[TWO PENCE.]

THE Chancellor of the University of London, in his annual address, recently delivered, stated that the admission of women to degrees was a question that was then being fully discussed in the Senate. Some time ago a resolution in favour of their admission was passed by Convocation, but it has not yet been confirmed by the higher body. Our main concern is, of course, in the direction of medical education; and we confess we have never been able to see why, of all others, such a dead set should have been made upon the medical profession by the more manly representatives of the gentler sex. Why is this chosen in preference to more legitimate aims? It cannot surely be from any idea of its lucrativeness. Surely the profession is well enough stocked already to dispel this idea. True it is a noble profession—one that calls for the highest sympathies of human nature—but in this respect woman's position has always been allowed, and is sufficiently indicated. The argument that women desire to be attended only by those of their own sex, is founded on an assumption that is not true, and practically the case does not exist. Then, if they claim an equality with men, no woman by virtue of her sex would be justified in refusing attendance upon a man when called to do so. As it is, by long-established custom the system of the male sex attending upon the females in their ailments has been universally allowed and recognized by society in general. Our profession is one that at times requires the utmost nerve and intrepidity. Are these qualities found in the female sex as a rule? Are they predominant characteristics of the sex? We think not, although we do not for one moment deny the possession of them to the semi-masculine agitresses of the question—but exceptions always prove the rule. Then comes the dissecting

room about which so much has been said with regard to this question, but about which we doubt if too much can be said. We look upon this as the Rubicon which, if crossed by woman, would deprive her of that attribute which of all others we are accustomed to prize in her sex—modesty; without which she would cease to be what she is, save in the name. We would ask those who wish to obtain for women a position which the majority do not desire (for as far as we are concerned we never yet met a woman who did), is there any difference, physical or mental, between the sexes? We think they must allow that the attributes of the gentler sex are as different from those of men as night from day; but we are sure they will not allow what is, nevertheless, the case—that the qualities of men are those specially indicated in our profession, whilst those of women are entirely the opposite. Looking at the matter in a practical light, are women, in general, able to give themselves up to a protracted course of heavy study? We believe that medical opinion and statistical results show that they are not able to do so without serious detriment to themselves. Then, are they going to practise celibacy?—for this would be a natural consequence of their holding appointments, especially those of trust in which they would have to rely on themselves alone; and not only so, for if women are going to become medical merely to earn a competence until they meet with husbands, we must protest against such a degradation of a noble profession. Then, if not celibate, we wonder what man would marry a woman with the prospect of her children being compelled to struggle up through life as best they may with no mother's fostering care? Finally, their duties would probably call them out at all hours of the night. What a reversal of our ideas of womanly propriety

would this not necessitate ! and our ideas in this respect are not at all theoretical. We believe that the position of women with regard to the medical profession is the one that hitherto civilization has taught us to adopt, and that they themselves in the vast majority desire ; for we decline to look upon those agitating this change as the representatives of the sex. Still, we should not be at all averse to their attempting to find a footing, provided that they enter the profession in perfect equality and on the same basis as man ; for in a matter which so largely affects the good of the human race, that allowance for their foibles and weaknesses which on other occasions we should be so glad to grant, cannot be made. Finally, we would ask whether (in the face of what is well nigh a foregone conclusion) it is fitting that so great a revolution should be attempted ?

ALCOHOL : A DRUG, FOOD, OR POISON ?

BY R. E. CARRINGTON.

BEING THE PRIZE ESSAY OF THE PHYSICAL SOCIETY.

(Continued.)

IN treating of alcohol as a drug, I shall pass over the various therapeutical effects, when it is used locally for the production of cold, &c., and also its chemical uses in the manufacture of the various tinctures and extracts, and will simply confine myself to its uses as a drug administered internally. In discussing the claim of alcohol to be considered a food, I have given at some length its therapeutical effects when used in the treatment of acute disease, and I have shown that there are some states of the system, when the vital powers are at the lowest ebb, when alcohol is specially indicated, and its special efficacy here seems to depend upon its acting as a true food when absorbed, and notably, that its absorption takes place by a simple physical process, and needs no exercise of the digestive functions at all ; and so also, in more moderate degrees of the same state, when there is no positive illness, but when growth is defective, appetite deficient, digestion imperfect, and the general tone of body and mind feeble, there can be no doubt that the use of wines and beer, in moderate quantity (and this amount has been already indicated), will have a beneficial effect in modifying these conditions resulting from want of tone in the system. So also, in cases where the food is bad, or where, from external circumstances, there is mental depression and the digestive function is interfered with, there can be no doubt that the use of a moderate amount of alcoholic stimulant, taken with the food, will have a beneficial effect. This was well seen in the Abyssinian expedition, in which for four weeks the men were deprived of their supplies, and had to subsist on native beef and flour, which were of a most wretched description, having no alcoholic liquor of any kind. They began to suffer from intestinal affections of various kinds, and were beginning to feel weakness growing upon them ; but with better rations, and the issue of a dram of rum to qualify bad water and

assist digestion, the men rapidly improved. It is specially to be noted that the rum was used after meals.*

So also in the exhaustion produced after acute disease, when there is power of digesting ordinary aliment, but the vital functions are low, and advance towards convalescence is very slow, the administration of a moderate amount of alcohol with the food will have beneficial effects. It is almost superfluous to instance any cases of this in the hospital practice, they are so universal, but there is a case of convalescence from enterica, in Philip, 36—at the present time under Dr. Habershon (February, 1875)—in which this plan of treatment has been pursued. Also, in a case of pneumonia, admitted December, 1874, under the same physician, in 48 bed of the same ward, where convalescence from an acute attack of pneumonia was most successful under the aid of stimulants, and in this case the boy had previously been a teetotaler. There are many cases of shock, as in severe burns, in which, if the vital powers can be sustained over a certain time, the organism is able to recover itself ; thus, the use of alcohol in these cases will be most beneficial if it be administered in successive and frequent small doses. I believe, then, most thoroughly that, save in the case of acute disease, in which no food is practicable, the whole good effect of alcohol is due to its stimulative power, and I think the rule should be invariable that some sort of nutriment should be administered with it, in order that, by its digestion and assimilation, it may surely recoup the organism for the excess of force which will be dragged out of it ; and one may instance the *Mistura Sp. Vini Gallici*, as being, without doubt, a correct exponent of physiological facts.

It has been thought from its power of lowering the animal heat that alcohol might be used in abating high temperature of fevers ; but such large quantities would have to be administered to produce any efficient results, that its effect in this direction is practically *nil*.

With regard to the amount of stimulant that should be taken, I have already indicated what amount of alcohol is capable of destruction in the body in health, and in disease the production of narcosis is an invariable sign that the drug is pushed too far. The most evident sign of this will be capillary dilatation and indications of incipient intoxication, which are too well known to need pointing out.

Dr. Anstie lays great stress upon the alcoholic smell of the breath as an indication that the amount of the alcohol is in excess, and he further thinks that the sphygmograph, in showing loss of arterial tension, and the testing of the urine by chromic acid, supply further indications of this. I must confess I don't believe that this last, from its extreme delicacy, is of any efficient use. I find that it is possible, ten minutes after the ingestion of a glass of beer, to discover the presence of alcohol in the urine. I find that it will detect the presence of 50 minims of moderately good rum in 4 pints of water, or of 2 minims in 8 oz. of urine, and these are, by no means, limits of its delicacy.

The test is as follows:—A solution of bichromate of potash, in strong sulphuric acid (1 part in 300) is made ; a little of this is placed in a test tube, and the alcoholic liquid poured upon it. A green ring will make its appearance either immediately, or will come out rapidly after standing.

Alcohol, finally, as a drug, is chiefly to be valued for its stimulant effects, and it is to be noted that the heart, of all organs, is the one most to feel the stimulus.

* Inspector-General Currie, C.B., Appendix, xvii., *Army Medical Reports*, 1867.

(To be concluded in our next.)

Operations.

On May 20th a man was admitted with an inguinal hernia, strangulated three hours. The symptoms were very acute, so that Mr. Forster, after taxis under chloroform, proceeded to operate. A few fibres of the external oblique only were divided, and the bowel was returned. The patient is doing well.

Mr. Symonds (Mr. Forster's dresser) operated for radical cure of hydrocele. The fluid was first completely drawn off, and Tr. Todi 3 ij. injected. The patient was afterwards directed to walk about, so as to set up sufficient irritation in the sac to cause its obliteration.

MAY 21st.

Mr. Forster excised the elbow of a woman, aged 40, who had suffered from disease of the joint for two years. A long, straight, posterior incision was made, and the parts separated close to the bone. The ends of the radius, ulna, and humerus were then sawn off, and the arm put on an angular splint.

Mr. Forster then excised portions of skin affected with lupus from a child's face. The actual cautery had been several times unsuccessfully applied.

A child, two years old, fell from a chair and struck its head on the fender; a projecting portion of iron entered the skull and broke off. On admission, a piece of metal was firmly embedded in the bone above and in front of the mastoid process. There were no symptoms of compression, yet, because it was a punctured fracture of the skull, the internal table being probably more injured than the outer, Mr. Davies-Colley proceeded to trephine. The metal was first removed—about half-an-inch was embedded in the skull. Mr. Colley then trephined over the wound and withdrew with one-half of the circular piece of bone, a considerable portion of the internal table, proving that the supposition above was correct. The dura mater was exposed, and brain-matter oozed through a wound in that membrane. The operation was done under the spray, and the wound dressed with carbolic oil and gauze. The same evening the child took milk and sat up, and now (fifth day) is doing as well as possible.

MAY 22.

Mr. Colley operated on a femoral hernia, strangulated four days. Patient, a female, aged 57. The bowel was returned, and patient is doing well.

Mr. Colley next amputated above the elbow for a smash of the left fore-arm, making anterior and posterior flaps. The boy was run over by some railway carriages, the bones of the hand being completely separated, the fracture extending into the lower part of the humerus, the internal condyle being knocked off. He is doing well.

In the evening Mr. Forty (House Surgeon) operated for relief of femoral hernia, strangulated thirty hours. A small knuckle of intestine only was strangulated, and with some difficulty was returned, appearing to be adherent to the sac. The patient still suffered from obstruction, and died on the 26th, though a subsequent exploratory operation was of no avail. The P. M. showed that the bowel had been reduced into a retro-peritoneal sac, which was directed downwards and inwards. This sac was large, and its neck constricted the bowel. The constricted portion was eighteen inches from

the cæcum, and showed numerous whitish points where sloughing had commenced.

MAY 24.

A man fell from a height of twenty feet, and sustained a fracture of the lower jaw, with extensive laceration of the soft parts. He was put under chloroform, and Mr. Colley drilled the bone and wired the fragments together. An improvised Hammond's splint was then applied.

Mr. Forster amputated through the lower third of the thigh, by the circular method, in a girl who was admitted a month ago with acute periostitis of the tibia, followed by suppuration into the knee-joint.

Mr. Symonds (Mr. Forster's dresser) excised a lipoma from the front of the shoulder of a man. It had been growing six months, and gave rise to considerable pain.

MAY 25.

Mr. Durham operated on a woman, æt. 22, for cleft palate. The patient being under chloroform, with the head raised, Smith's gag was introduced into the mouth. Incisions were first made parallel to the fissure $1\frac{1}{2}$ in. long; the edges were then pared, two catgut sutures were then passed from behind forwards, and the parts came together well. The bleeding was stopped by sponges soaked in iced water.

The next operation was a case of ununited fracture of the radius after compound fracture of radius and ulna. The ulna had been operated on by Mr. Durham two months ago, and now is fairly well united. An incision 4 in. long was made along the anterior surface of fore-arm, taking in a sinus. A small piece of dead bone was found lying in the sinus, which was removed. The ends of the radius were seen overlapping, and on rotating the lower end, the upper end moved with it, though there was no firm union. It was decided not to move anything, in the hope of their further union by keeping the arm and fore-arm at rest on an inside rectangular splint.

Notes from the Wards.

According to promise, we continue the report of Mr. Bryant's ovariectomy, commenced two weeks ago:—

No sickness; scarcely any pain. Temp. generally kept from $99^{\circ}5$ to $100^{\circ}4$; once only rose to 101° , viz., on the fifth day after the operation. Pulse usually rather quick, from 96 to 110, generally over 100, very sharp and soft, but good volume. On the sixth day she was ordered a little wine, and the pulse immediately improved in power. For the first four days was kept on milk, ice, and beef tea. Then she had an egg and some toast. At the end of the week she was allowed chicken and chop. The bowels were opened on the seventh day, after an enema, but as early as the second day wind was passed per anum. There was never the least distension of abdomen.

The sutures were removed on the 6th day, and the clamp came away on the twelfth. On the thirteenth day she got up for the first time, and she went out May 24th, feeling weak, but otherwise well, nineteen days after the operation.

Her only medicinal treatment consisted of suppositories during the first few days, about one in the twenty-four hours, just enough to keep the bowels quiet. Later on, a dose of white mixture, and at the end of the first week quinine three times a day.

CASE OF PLEURITIC EFFUSION.

The following case is of interest, from the occurrence of a well-marked cracked pot sound (*bruit de pot fêlé*) in the infra-clavicular region in a case of pleuritic effusion. The physical signs at the upper part of the affected side in pleurisy are commonly modified by the altered condition of the lung, which gets pressed upwards and backwards towards the trachea and spine. The percussion-note then becomes tubular, amphoric or "boxy," and the respiratory sounds acquire a harsh, bronchial, or blowing quality.

One cannot fail to remark the resemblance which these physical signs bear to those of phthisis, and the likeness is greater when, as in this case, instead of a simple boxy sound, percussion elicits a cracked jar note. The age of the patient should be noted, since we know that in childhood the elasticity of the chest-walls often allows a *bruit de pot fêlé*, when the lungs are perfectly healthy. On the other hand, the sound in question could be brought out here only on the diseased side. Finally, it is to be observed that cracked pot sound may occur in these four conditions: pulmonary cavity, pneumonic consolidation, pleuritic effusion, and in the healthy chest of children.

A boy, aged 14, who works at a biscuit manufactory, was admitted under Dr. Taylor into 12 Philip, on March 3rd, 1875.

Had a slight cough for a fortnight. Three days ago he first felt sudden stabbing pain in the left side, which was worse on coughing or on taking a deep breath. There was no shivering.

On Admission.—He is a pale, fairly-nourished boy, with a hot and dry skin, bright eyes, dilated pupils, dry lips, tongue dusky, red, furred, and somewhat swollen. Has a short, dry cough. The respiration is abdominal, and the right side expands more than the left. Right lung—resonance good, respiration puerile.

Left lung anteriorly—resonant above the 4th rib; dull below to the extreme base, with absence of respiratory murmur, of voice, and of tactile vibration. Posteriorly—dull from the spine of the scapula downwards; absence of voice and of breath sounds; no tactile vibration; some slight ægophony about the centre of the lung.

There is no bulging of the intercostal spaces, the measurement of the chest is the same on both sides.

Heart sounds normal but faint. Apex beat is in the 6th intercostal space; pulse 114, regular and moderately full; temperature 101.6; respiration 46, shallow; urine sp. gr. 1028, depositing mucus. No albumen. No sugar.

The patient was ordered middle diet and Mist. Salina.

March 9th.—Has gone on well, with very little fever or constitutional disturbance. Physical signs continuing much the same. There is now faint tubular breathing at the base, and more air enters than of late. Ordered mist. cinchonina.

11th.—Marked "boxy" resonance above the 3rd intercostal space; dulness behind is diminished at the upper part of the lung; vesicular murmur and tactile vibration are perceptible now at the base of the lung. Ægophony at the centre of the lung behind.

12th.—Dulness much diminished behind, "boxy" resonance taking its place. At the apex anteriorly there is marked bronchial breathing with bronchophony, and a distinct *bruit de pot fêlé*.

15th.—*Bruit de pot fêlé* only just detected; now bronchial breathing and bronchophony are very distinct at the apex; the dulness behind is replaced by a high-pitched note.

16th.—At the centre of the posterior surface of the lung a crackling sound is heard with inspiration, and there is marked ægophony in the same place.

18th.—Pleuritic rubs at the base, very marked bronchial breathing and bronchophony, with some moist sounds at the apex anteriorly.

20th.—Fine crackling rub all over the posterior surface of the lung up to the spine of the scapula; resonance still impaired.

23rd.—Resonance normal anteriorly; bronchial breathing and bronchophony much diminished.

30th.—The patient sits up daily; bronchial breathing and bronchophony are now very slight.

April 12th.—He continued to improve and went out to-day. The chest sounds were normal.

On the second day after admission the temperature stood at 102.6. It never rose afterwards so high, but decreased steadily to 99.6 on March 13th.

CASE OF GUNSHOT WOUND OF THE PALM.
—EXTRACTION OF THE BULLET.

[For the following report we are indebted to Mr. G. H. West Jones.]

The patient was loading a pin-fire revolver, and as he was turning the chambers round, one of the pins caught against the back part of the weapon and caused it to go off; the bullet did not go through the barrel, but from the chamber to his hand.

On admission he had a small wound in the palm of the hand between the metacarpo-phalangeal articulations of the middle and ring fingers, and the probe could be passed towards the wrist about 2½ inches under the palmar fascia, but the bullet could not be felt. Chloroform was administered in the theatre, and a probe passed into the wound until the point of it could be felt through the skin on the back of the hand and an incision made there; the bullet was soon found lodged between the heads of the second and third metacarpal bones, but the bed it was in was very much discoloured with lead. At the extremity of the wound in the palm of the hand an incision was made, and the digital nerve to the contiguous sides of the second and third fingers was laid bare in the wound, but not divided. The operation was done under the spray, and the wound dressed with carbolic gauze soaked in carbolic oil. Since the operation he has had no rise of temperature, and has had very little discharge from the wound; it is dressed every day antiseptically, and he is able to get up daily. He has had no constitutional disturbance.

EYE WARDS.

OPERATIONS. Monday, May 24th. Performed by
Mr. C. HIGGINS.

1.—Choroido-iritis, with opacities in vitreous and an increase of tension. Iridectomy performed upwards.

NOTE.—Many cases of choroido-iritis become chronic, and go on for an indefinite time in spite of medical treatment; the eye-ball becomes hard and vision may be eventually entirely lost. In such cases the performance of iridectomy often exerts a most beneficial influence, the tension becoming

reduced, and inflammation subsiding, the parts returning to a more or less natural condition.

The iridectomy should be done upwards in such cases, so as to avoid disfigurement.

2.—Entropion of lower lid. It was produced by spasmodic action of the orbicularis muscle, causing the tarsal cartilage to roll inwards, the eye-lashes being brought in contact with the cornea.

Entropion may subside spontaneously, but in most cases it requires to be remedied by operation.

The operation consists in the removal of a portion of the skin and orbicularis muscle.

3.—Staphyloma of cornea, following inflammation produced by lime. In such cases abscission and extirpation of the eye-ball are practised. The former is preferred in young subjects, because, after the latter operation, the development of the orbit does not go on; but if a portion of the eye-ball be left it continues to grow. Abscission was performed for the reason above given.

4.—Convergent strabismus. Internal rectus of each eye was divided, there being a high degree of hypermetropia.

5.—Perforating ulcer of cornea with prolapse of the iris after an injury. Iridectomy upwards and inwards.

6.—Staphyloma of cornea. Removal—edges brought together with a suture.

7.—Opacity of cornea. Iridectomy downwards and outwards, this being the clearest part of the cornea.

8.—Congenital cataract in a boy 17 years of age. Extraction through small linear incision upwards.

9.—Hæmorrhage into vitreous in both eyes. Iridectomy in both.

10.—A girl with cataract in one eye. Cause unknown. Extraction.

11.—Chronic iritis in both eyes. Iridectomy upwards in both.

For the above report we are indebted to Mr. Gibb.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The following questions formed the written part of the 1st fellowship examination last week:—

1.—Give the dissection required to display the sacral plexus of nerves; and describe the course and relations of its several branches within the pelvis.

2.—What arteries supply branches to the vertebral column, the spinal cord and its membranes? How are these distributed? Describe the position and arrangement of the veins in the vertebral canal.

3.—When a person is at once and completely deprived of food, describe the mode of death; and state the circumstances which, in such a case, influence the duration of life.

4.—Describe the mucous membrane of the genito-urinary apparatus in the male, stating precisely the structural peculiarities, and the sources of vascular and nervous supply of each part.

On Tuesday, May 25th, Mr. L. H. Stevenson passed the above examination.

Messrs. Pickering and Morgan-Evans passed on Wednesday, the 26th. One Guy's man was referred.

General News.

At a meeting of the Medical Council, held on May 21st, the following appointments were made:—

RESIDENT OBSTETRIC ASSISTANTS.—H. Evans (June), Hobson (July), Rudd (August).

DRESSERS.—Champneys (Mr. Cooper Forster), Kidd (Mr. Bryant), Bowen and Porter (Mr. Durham), Lacey and E. Duke (Mr. Howse).

DRESSERS IN THE EYE WARDS.—Amphlett and Cock (July and August), R. Bevan and Giblin (September and October).

POST MORTEM CLERKS.—Instone and Clowes.

MEDICAL WARD CLERKS.—Donbavand, Creed, Kellard, Brett, Reynolds, Todd, Dutton, Hyne, T. H. Richardson, Ewen, Pickering, Wallis, McCarthy and Cusack.

SURGICAL WARD CLERKS.—Leigh, Lynn, Dunstan, Hinton, Johnson, Shaw, Lee, Manby, Hammond, T. J. Morgan, Kinch, Phillips, Whyte, White, McCrea, Barnard and Briscoe.

ASSISTANT SURGEONS' DRESSERS.—C. G. Lee, Wilson, Grimwood, Wilkinson, Parker, C. W. Lacey, Tarrant, Waddington and Brock.

OBSTETRIC OUT PATIENT CLERKS.—Green, A. W. Pedley, Gilbert, Ingram, Waterhouse and T. Brown.

ASSISTANT PHYSICIANS' CLERKS.—Williams, H. H. Pedley, Kavanagh and Beale.

DRESSERS IN THE SURGERY.—Buxton, Collington, Lane, Smart, Wainwright, Hammersley, Nugent, Morton, Birdwood, Haynes, A. G. Collington, Reader, Stamp, St. J. Wright and G. A. Wright.

ASSISTANT SURGEONS' CLERKS.—A. C. Otway and J. Harrison.

AURAL SURGEON'S DRESSERS.—Gardner and S. Smith.

DENTAL SURGEON'S DRESSERS.—Instone and W. P. Turner.

THE GOVERNORS' DINNER.—The Governors and Medical and Surgical Staff of our Hospital dined together in the Council Hall on Wednesday last, May 26th, when Lord Lawrence, President of the Hospital, occupied the chair. The Chairman was supported by Lord Kirkaldie, Lord Cottesloe, Sir Henry Peek, the Treasurer, Mr. Cazenove, and many other well-known members of the Court of Governors. Mr. Samuel Hoare, son of the late President, replied to the toast of "The New Governor," and expressed the pleasure it had given his family to receive a letter of condolence from the Staff of the Hospital on the loss of his father, who was much loved and respected.

"OUR CLUB" DINNER.—The members of the Guyite Club dined together at the Criterion on Tuesday last, May 25th, where a very good dinner was served by Messrs. Spiers and Pond, and a very pleasant evening was spent.

Dr. F. Taylor will deliver the lectures on Hygiene, in the Chemical Theatre, at a quarter past twelve on the following days:—Wednesdays, June 2nd, 9th, 23rd and 30th, and Wednesdays, July 14th and 21st.

The subscriptions of 5s. and 7s. 6d. for the Athletic Club are now due, and should be paid to the secretary, or to any member of the committee as soon as possible. Subscribers of 5s. are entitled to one grand stand ticket and two entrance tickets, and those of 7s. 6d. to two grand stand and four entrance tickets on the inter-hospital great day.

GUY'S BOATING CLUB.—The following notice has been posted in the collonade:—In consequence of the little interest taken by the students of Guy's Hospital in the formation of a Boating Club, as evinced by the scanty attendance at the meeting yesterday, the original pro-

motors have determined to take no further steps in the affair.—May 26, 1875.

THE SUMMER ENTRY.—We understand that seven freshmen have recently entered as students of this hospital.

PROFESSOR SCHIFF ON ETHER AND CHLOROFORM.—Professor Schiff made a verbal communication to the Medico-Physical Society of Florence, at their meeting on March 1st, in which he related the results of upwards of five thousand experiments on the differences between anæsthesia produced by chloroform and that produced by ether. With both ether and chloroform, paralysis of conscious sensation; paralysis of the movement of voluntary muscles; paralysis of respiration, circulation, and, finally, paralysis of the heart and the vaso-motor nerves occur. Respiratory paralysis is produced by ether when circulation and blood-pressure remain within the limits compatible with life. Sometimes the vascular pressure increases, sometimes it decreases, but it is always sufficiently high to allow the exchange of the carbonic acid gas with the oxygen of the atmosphere. Vascular succeeds respiratory paralysis when ether is administered. The reverse takes place with chloroform. Frequently an amount of this anæsthetic agent which would not be sufficient to produce respiratory, may suffice to bring on vascular paralysis. Under these conditions, and when vascular paralysis lasts under thirty seconds, artificial respiration is useless, because there is no longer any exchange of gases, the blood-pressure being diminished. The cessation of respiration, therefore, is not the most dangerous moment to animal life, when etherisation is employed, whilst it may be so with chloroformisation; because sometimes it is possible to produce some automatic respiratory movements, but, nevertheless, respiration ceases immediately, and the animal dies. With etherisation, on the contrary, when some automatic inspirations are obtained, it may be taken as certain that respiration will continue, and that the animal will live. Professor Schiff affirms that, in the present state of science, there are no means which will show us how to recognise, so as to prevent them, the tendencies which may cause death in some animals, after the first inhalations of chloroform, before having produced true anæsthesia. The reverse occurs with ether, so that it may be said that in the present state of knowledge the surgeon is responsible for the death of the individual by etherisation; whilst he is not responsible when death occurs during chloroformisation. Professor Schiff, therefore, deduces from these facts, the following conclusions. 1. The phenomena relating to the paralysis of sensibility and movement are common to both ether and chloroform. 2. The two other orders of phenomena, that is to say, those relating to vascular and respiratory paralysis, often show themselves in inverse order with reference to these two agents. 3. With chloroform, however, either the one or the other of these two paralyses may first show itself, involving great danger to the animal if the vascular phenomena be the first to make their appearance. Therefore the use of chloroform should be rejected, and ether only be used.

British Medical Journal.

The Wards.

MEDICAL.

The following cases were admitted between May 19 and May 26:—

ADDISON.—3, Phthisis. 13, Phthisis. 20, Pleurisy. 33, Epi-
spsy. 36, Chronic rheumatism.

BRIGHT.—6, Pneumonia. 10, Hemiplegia. 11, Ac. Rheumatism, hyperpyresia.

CLINICAL.—5, Ac. Intestinal obstruction. 10, Diabetes. 12, Scirrhus Pylorus. 15, Morbus Brightii. 20, Ascites. 21, Morbus Brightii. 28, Ac. Morbus Brightii.

MARY.—2, Chorea. 3, Ulceration of soft palate. 13, Paraplegia cerebral. 14, Ecyema, chronic. 18, Tonsillitis.

PHILIP.—4, Morbus Cordis. 9, Phthisis. 19, Phthisis. 31, Angina Pectoris. 33, Bronchitis. 37, Scirrhus Pylorus. 45, Phthisis, 46, Morbus Brightii. 47, Morbus Brightii, Phthisis.

STEPHEN.—Cerebral disease, amaurosis. 38, Double Pleuro-pneumonia. 44, Acute Pneumonia. 45, Acute Rheumatism, pericarditis. 48, Acute Rheumatism. 49, Morbus Cordis, mitral regurgitation. 9, Chronic obstruction of inferior cava. 4, Sub-acute Rheumatism.

SURGICAL.

CHARITY.—5, Webbed arm. 7, Fracture of os calcis. 12, Strangulated femoral hernia—operation. 18, Tumour of upper jaw. 21, Femoral hernia—operation, peritonitis, death. 26, Run over. 27, Punctured fracture of skull, trephining.

CORNELIUS.—2, Compound fracture of leg. 3, Fracture of tibia. 4, Smashed forearm—amputation. 5, Lacerated wound of leg. 6, Fractured fibula. 9, Sprained ankle. 10, Laceration of face, fracture of lower jaw. 16, Cut throat.

JOB.—3, Chronic disease of knee joint. 4, New growth in testis—malignant. 6, Tumour in right ilium. 16, Chronic disease of knee joint. 18, Stricture. 19, Ulcer of leg. 21, Stricture.

LAZARUS.—1, Necrosis of tibia. 2, Spinal concussion.

LUKE.—3, Lipoma of shoulder—excised. 7, Hydrocele. 8, Stricture. 11, Inguinal hernia, peritonitis, death. 12, Disease of knee joint. 13, Suppurating com. 15, Run over. 17, Disease of wrist. 18, Concussion. 19, Inguinal hernia—operation. 20, Talipes.

LYDIA.—2, Chronic disease of knee joint. 7, Epithelioma of labium. 8, Intestinal obstruction.

MARTHA.—3, Ulcer of leg.

Athletics.

A General Meeting of the Guy's Athletic Club was held in the Anatomical Theatre, last Monday. Mr. Gibb, who was voted to the chair, explained that the principal object of the meeting was to elect a secretary for the present year, and also to form a committee to assist the secretary in collecting subscriptions, &c. It was proposed by Mr. Maclean, and seconded by Mr. H. Duke, that Mr. H. M. Powell should be honorary secretary; this having been carried unanimously, Mr. Powell accepted the office. The following were then proposed and seconded to form the committee, and were unanimously elected:—

First Year.....Messrs. Morse and Roper.

Second Year...Messrs. Gray and Reader.

Third Year...Messrs. Maclean and Gilbert.

Fourth Year...Messrs. Cock and E. Duke.

The question was then raised as to whether Guy's should have sports this year in addition to the meeting of the united hospitals, and after some discussion it was decided by a small majority in the negative.

A vote of thanks to the chairman closed the proceedings.

Cricket.

SEASON 1875.

MATCHES AT PRESENT ARRANGED:—

June 5th	Richmond	Richmond.
„ 8th	Charlton Park C.C.	Charlton.
„ 21st	Malling... ..	Malling.

H. WILLIAMS, *Hon. Sec., pro tem.*

GUY'S v. CRYSTAL PALACE.

This match was played on Saturday, May 15th, on the Palace ground, and resulted in a victory for our opponents by 37 runs on the first innings. Guy's, in their second essay, made 97 for the loss of five wickets, when the stumps were drawn. C. W. Burls played a good innings for Crystal Palace, Wallis and Earle batted very steadily for 20 each, and Robson hit hard for 18. The "freshmen" did not come off with the bat.

In the second innings, Robson again hit hard and well for 23 (not out), and the same remark may be made of Gray. Taylor, Hetley and Wallis also played well for their respective scores.

As regards the bowling, we must give the palm to Earle, as he bowled all through the innings, and obtained five wickets.

Subjoined is the score:—

GUY'S—FIRST INNINGS.

S. Taylor, b. Daly	4	—Bryden (not out)	13
H. Hetley (run out)	2	G. E. Palmer, c. Noakes,	
P. E. Wallis, c. Davidson, b.		b. Daly	14
Chenery	20	E. Steele, c. Daly, b. Chenery	0
W. Gray, b. Daly	0	Byes	10
—Chapman, c. Daly, b.		L. Byes	7
Chenery	9		
J. H. Earle, b. Davidson ..	20		
—Everest, b. Davidson	0		
E. S. Robson, b. Daly	18	Total.....	117

GUY'S—SECOND INNINGS.

S. Taylor, c. Noakes, b.		P. E. Wallis (not out)	10
Chenery	18	—Bryden, b. Davidson	0
H. Hetley, b. Chenery	14	E. S. Robson (not out)	23
W. Gray, b. Davidson	22		
—Chapman, b. Chenery	3	Total.....	90

CRYSTAL PALACE—FIRST INNINGS.

C. J. Chenery, b. Earle	11	D. Smith, c. Chapman, b.	
C. W. Burls, c. Taylor, b.		Earle	3
Earle	78	Rev.—Davidson (not out) ..	11
W. Noakes, l. b. w., b. Earle	12	R. S. Evans (run out)	3
L. Neame, b. Wallis	12	Byes	5
W. J. Odell, b. Wallis	1	L. Byes	2
A. R. Daly, b. Wallis	1		
G. Newton, c. Palmer, b.		Total.....	154
Earle	6		
M. Fergusson, b. Taylor	3		

GUY'S v. WESTCOMBE PARK.

This match was played on Monday, May 17th, at Westcombe Park, and resulted in an easy victory for the Blackheath

men, by 294. Guy's were deprived of the services of some of their best players.

Appended is the score:—

GUY'S—FIRST INNINGS.

H. Hetley, l. b. w., b. C. A.		b. Russell	1
Teape	2	C. E. Palmer, c. Standring, b.	
—Chapman, c. Hawker, b.		Russell	0
Russell	5	E. F. Thomas, b. Russell ..	0
P. E. Wallis, b. C. A. Teape	0	J. Smith (sub.) not out	5
E. S. Robson, b. Russell	0	Byes	3
—Howell, b. Teape	4	L. Byes	0
—Everest, b. Russell	5	Wides	1
S. Taylor, c. Hawker, b.			
Russell	1	Total.....	27
C. J. Mitchell, st. Standring,			

BLACKHEATH—FIRST INNINGS.

F. Russell, b. Taylor	29	Hetley	39
R. C. May, c. & b. Taylor ..	3	E. W. Hawker, b. Wallis	4
F. Terry, c. Hetley, b.		R. C. Auwyt (not out)	7
Chapman	56	Byes	10
G. W. Burton, b. Howell ..	35	L. Byes	2
A. Hill, b. Howell	91	Wides	6
W. Standring, b. Howell	5	No ball	1
C. A. Teape, b. Wallis	19		
E. C. Hutchinson, b. Chapman	14		
A. W. Pearson, c. Howell, b.		Total	321

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Hospital



Gazette.

A Students' Journal of Hospital News, Medicine, and Surgery.

VOL. VI.—No. 6.]

SATURDAY, JUNE 5, 1875.

[TWO PENCE.]

NEARLY half of the Summer Session is now gone, and July will soon be here with its Examinations at the University of London, at the College of Surgeons, and (what we especially want to speak of at present) at Guy's Hospital, in the form of Voluntary Examination for Prizes. In one way it is an unfavourable time of year for them, as the hot weather is not calculated to encourage much reading, and most men find the temptation great to go and enjoy themselves in the open air.

The Examinations at Guy's (excluding those for the medals) have this special feature—they include many subjects, thus differing from those at some other hospitals in which the prizes are given in one subject alone. This is advantageous, as it ensures a man working up everything (although of course he may excel in some things), but, notwithstanding, it shuts some out from prizes altogether, who while very well up in one or two subjects are too deficient in others to compete; and we think it would be well if rewards of some description were given in each of the most important classes, such as Anatomy, Physiology, &c. We feel sure that if this were the case more men would distinguish themselves, and it would not interfere with the existing regulations.

Considering the large number of entries at the Hospital every year, we are surprised that more men do not compete for our prizes. Thus, of a year containing nearly one hundred men, sometimes only four or five will go in. This state of things should not be. What is the reason? Some are afraid that one very good man perhaps is sure to get above them, and they do not like to be beaten; or they think they stand no chance even of a certificate, and so failing altogether be thought worse of than if they did not go in at all. Others

again will not take the trouble to work for it. To the former we say, you know not what you can do until you try, and if you make up your mind to work for it you will succeed. No man need fear disgracing himself who has worked fairly and steadily: of course every one cannot get a prize, but it must be remembered that Certificates of Honour are unlimited as to number, and indeed are not to be despised, for they show that a man must at least have come up to a certain standard of proficiency. Even if no certificate be obtained the time spent in working for it cannot be considered as lost, for had he not made the attempt the time would most likely have been engaged in a less profitable manner; the candidate therefore must gain by this, for no one can work for any examination without getting a certain amount of knowledge which he had not before. Besides, the fact of his going in at all shows a desire not to be lazy.

We would especially urge first year's men to take up the examination, as this (close at hand) stimulates them to learn their summer subjects, as *Materia Medica*, &c., more perfectly than if they had only the prospect of the Royal College of Physicians or Apothecaries Hall at a more distant period. This alone would be an advantage, but there is more:—A place in the prize list gives them a prominent position among the students of their year; it helps them in their onward career at the hospital, and also in getting future appointments; it encourages them to do likewise next year; and, lastly, to many the prizes themselves are not unacceptable, although this should not be the main object held in view.

To many a second year's man the number of subjects at first looks rather formidable, but on reflection it will be seen that he has already worked up most of them, as much as he

ever will. He probably has recently passed his First College, and is therefore fresh in Anatomy and Physiology. His Chemistry and Therapeutics can easily be got up again, and the papers in these are not long. Of the other subjects his knowledge necessarily must be somewhat limited, but if he has attended the lectures, and not neglected going round the wards whenever he has been able, he need not fear the result.

Third year's men cannot excuse themselves on this ground; the subjects are not numerous, and being practical are to most minds more tasteful than the earlier branches of study. They consist of those which men would be working at whether they took up the examination or not. The examinations for the Medals in Clinical Medicine and Surgery are also eminently practical. They are only such as a man who has been much in the wards can do. Although they are open to men at the end of their third year, it is rare for these to go in, as they would stand little chance against men a year in advance of them; but if they do they will find it is good practice, for clinical examinations are very instructive.

In conclusion, we cannot too strongly impress upon every one the importance of these examinations, and we hope that this year candidates will be numerous, and that many will succeed in obtaining something. Guy's men have lately done nobly at the College, and after thus showing what they can do outside, they ought to show what they can do amongst themselves, and not to shirk that which should be esteemed a privilege.

ALCOHOL: A DRUG, FOOD, OR POISON?

BY R. E. CARRINGTON.

BEING THE PRIZE ESSAY OF THE PHYSICAL SOCIETY.

(Concluded.)

Let us now briefly review the effects of alcohol, in order that we may the more readily trace out what its effects are when it comes to act upon the organism as a poison.

The first action is, as we have said, a stimulant, and coincidentally with this we get a paralysis of the vaso-motor system and dilatation of capillaries; soon the brain is affected, and we get various symptoms indicative of that—loss of reasoning power, or ability for voluntary recollection, though torrents of old remembrances rush through the brain; then we have indications of spinal derangement, loss of co-ordination of muscles, muscular tremors; finally, we have most profound insensibility, from which the individual cannot be roused, and this may go on until death ensues.

Alcohol in very large doses, ingested when the stomach is in a peculiarly favourable condition for absorption, may cause almost instantaneous death, and this may take place from its direct action upon the heart, upon which it may act as a shock, putting an end to its action at once and for ever. This was shown in an experiment recorded by Dr. Percy,

and quoted by Dr. Carpenter ("Physiology of Temperance and Total Abstinence"). He took a full-grown dog of small size, and injected $2\frac{1}{2}$ oz., of alcohol, sp. gr. 0.85, into its stomach. The animal had not been fed for some little time, and absorption must have taken place most rapidly, for the animal at once fell dead, not a gasp being taken; and the experimenter observes, "Never did I see every spark of vitality more effectually and more instantaneously extinguished." But by far the most frequent way in which alcohol kills is as a narcotic—a substance which exerts a specific influence upon the central nervous system, this influence being exhibited mainly in a depriving it of its functions, and this may be greater or less in degree, and either temporary or, if pushed to completion, death will result.

The following two cases, in which the narcotism was incomplete, I have found in the Records of the Hospital. The first was that of a woman, who was found in the Borough in an unconscious state, and was admitted into Clinical Ward (April 20, 1872—Dr. Pye-Smith) at 2.30 p.m. She was comatose; pupils contracted, but sensible to light; extremities cold and paralysed; no stertorous breathing. Pulse 72, R. 16. The stomach-pump was used, and it seemed to rouse her. She was placed in bed, slept well, and gradually recovered. In this case the symptoms of the narcotic poisoning were well marked. The functions of brain and cord were more or less in abeyance, but the narcotism was not complete, as indicated by the pupils responding to light, and the conjunctiva being sensitive.

Another similar instance was the case of a man, who was admitted into Clinical (John, 7), April 17, 1871. On admission he was insensible, took no notice of anything, and the breathing was stertorous. He came in at 2 p.m., and the stomach-pump was used, and he did not rally until 4 a.m., when he became quite conscious, and quickly recovered.

In both these cases the action of the poison was not great enough to destroy life, but a fatal case, which occurred in St. George's Hospital, has lately been recorded in the *Lancet* (Nov. 26, 1874). The man was observed, five minutes after he had swallowed a quantity of brandy, to stagger, and at 12 o'clock was brought home insensible. He was admitted into the Hospital at 2 p.m. Comatose; face livid; skin cold and clammy; pulse fluttering; breathing short and stertorous; pupils unequal, inactive. The stomach-pump was used, and a quantity of alcoholic liquid drawn off. Galvanism to the phrenic nerve was continued to 3.10 p.m., when he continued breathing of his own accord. At 5.30 p.m. respiration again ceased, but was renewed by galvanism. At 5.30 a.m. he showed signs of consciousness; the pupils contracted slightly, but the breathing was still stertorous. Resp. 64; pulse 120. He continued in this condition until 7 a.m., then died, nineteen hours after taking the alcohol.

Autopsy showed universal congestion of the organs.

In this case we have the full effects of the depressing narcotic action of the alcohol, which was too great for the organism to recover from, and the universal congestion of which was observed. P.M. showed in a marked degree the paralysis of the vaso-motor nervous system, about which so much has been said.

These are the effects of acute poisoning with alcohol, but it is also said that the habitual use of quantities more than sufficient will in the lapse of time produce symptoms which differ only in degree. I have not space to go into this important part of the subject, but there is no doubt at all that the resisting power of the intemperate man to disease is considerably less than that of the total abstainer, and that he

readily succumbs to an injury which the latter would as readily shake off. Dr. Dickinson has described alcohol as the very "genius of degeneration," and I think we must allow that the constant circulation of a fluid so potent in its character through such a delicate structure as the human body is in its minutest parts, cannot fail to produce disorder and disease. At all events, we are constantly presented with cases which are distinctly traceable to use of alcohol, and in which peculiar disorders of the nervous system are the prominent symptoms. These were first observed by Dr. Huss, of Stockholm, in his work, "Alcoholismus Chronicus," and he had peculiar opportunities of studying the effects of large quantities of alcohol taken for a long time, and a case he has given is so characteristic that I give it *in extenso*.

A man, æt. 40, a confirmed dram-drinker, sometimes intoxicated—more often than not. For first six or eight years no impairment of health, but then he had an attack of delirium tremens. After that he returned to drinking; but whilst before he used to take his meals, he now rarely took solid food, save a morsel or so with each dram. Now followed dyspepsia, muscular tremors, diminution of bodily power, dimness of sight, indistinctness of speech, frightful dreams, sensation of insects crawling under his skin. His alcohol was cut off, and whilst under this treatment he continued comparatively well; but he again returned to his habit, and then digestive functions impaired more than before. Vomiting, cough, emaciation, formication, and muscular debility returned. He had painful cramps and startings of the hands and feet, epileptic seizures became daily, and these were followed by delirium and hallucinations. Under medical treatment he again improved somewhat, but only for a short time. He now had pains in the legs, alternating feeling of heat and cold, restlessness, daily decline of strength, skin became like parchment, and there was fearful emaciation. He was seized with muttering delirium and death.

Such cases as these are common, though generally are not continued to such a fearful extent. A more modified case is now (Feb., 1875) in Addison 12, under Dr. Habershon. The patient is a woman, who has drunk gin a good deal lately, and she has all sorts of complaints without foundation, and the symptoms she gives are most peculiar. She has more than once told me her body was dead, and she had no life in her. She had muscular tremors, sleeplessness, want of appetite, and formication.

These cases of alcoholism are distinctly traceable to the use of stimulants, and there can be no doubt that alcohol plays an important part in the etiology of disease. I am unable to go into the subject, but will simply enumerate such maladies as delirium tremens, cirrhosis of liver, dysomania, oinannism, granular kidney, in support of my statement; but it is believed that these cases are due, if not to the immoderate use, at all events to the use of such a quantity as cannot be disposed of in the system.

POISONOUS DYES.—It is said that Mr. Hart Dyke, the Conservative Whip, has been laid up by a sharp attack of inflammation and painful blistering of both feet, caused by wearing some new socks with bright red stripes. It will be remembered that about two years ago, our late lecturer on Mental diseases, Dr. Thompson Dickson, drew attention to this kind of poisoning.

NOTES ON HISTOLOGY.

(From Dr. PYE-SMITH'S "Demonstrations of Practical Physiology.")

Continued from Page 26.

THE LIVER is the most complicated as well as the largest organ in the body, and besides its glandular structure contains a large quantity of "adenoid" or cyto-genic tissue. Among mollusks it is a compound racemose gland like the pancreas, and its development from the hypoblast and splanchnopleure in man is like that of a racemose gland; but when fully developed it has a structure peculiar to itself, which has only been made out during the last few years.

The lobes of the liver are not like those of a lobular gland, they are mere fissures and depressions which do not answer to any internal structure; and the lobules are not like those of the pancreas, for the duct runs round each lobule instead of coming out from its middle, and instead of the secreting epithelial cells lying in acini which open into the ducts, they are packed together in solid masses which form these so-called hepatic lobules. These lobules are more or less regular six-sided prisms with one end more pointed than the other. Surrounding them is the interlobular connective tissue which may be considered as a continuation of that covering the whole organ under its peritoneal tunic (Glisson's capsule). This contains the interlobular branches of the portal vein, as well as corresponding hepatic arteries and ducts, with their nerves and lymphatics, whence the name sometimes given to the interlobular connective tissue when seen in section, the "portal canal." From the interlobular portal veins branches run into the lobule (intralobular portal capillaries), and converge towards its centre, where they open into a large vein (intralobular hepatic vein) which runs out by the smaller end of the lobule, and thence passes towards the vena cava, not with the interlobular vessels but by an indirect course, and without any sheath or "canal" of connective tissue (sublobular hepatic vein). You must, therefore, think of the hepatic lobules as so many solid masses of hepatic parenchyma, surrounded and separated from their fellows by interlobular stroma, which consists of connective tissue with anastomosing branches of portal vein, hepatic artery, and hepatic duct—somewhat as a child's ball is made of a bladder covered with netting. The straight capillaries which run between the cells of the lobule from the portal plexus on its circumference to the hepatic vein in its centre are usually considered the end of the portal system, and may be called intralobular portal capillaries, though they form of course equally the beginning of the hepatic system. The relation of the hepatic system to the lobules is that of the stalks of a bunch of grapes to the berries, or indeed of the ducts of an ordinary racemose gland to its acini. Out of the middle of each lobule comes the branch of hepatic vein, which is called intralobular while still inside the lobule, sublobular afterwards; and this joins others until they all end in the vena cava.

So much was made out forty years ago by Mr. Kiernan. The two chief points which he failed to determine were whether the blood of the hepatic artery passes into the hepatic veins through the portal capillaries, or by separate channels (a point not yet cleared up), and the much more important question how the bile secreted by the epithelial cells of the lobule gets into the plexus of interlobular ducts outside. These have much too thick coats for osmosis to be

possible, and though every other conceivable solution of the problem was stated by one observer or another as a fact, the truth has only lately been ascertained. This was first done by a Russian histologist named Chrzonszczewsky, who adopted the ingenious plan of feeding animals on food coloured with pigment, which was eliminated by the liver and deposited in the bile ducts. His results have since been confirmed by injections made with unusual precautions by Prof. Hering, and sections from a liver prepared in this way are now put before you. You see that the blue injection fills a capillary network, which occupies the interior of each lobule, and communicates by many openings with the interlobular bile ducts outside. These capillary bile-vessels are far too small to contain glandular epithelium, or even to admit a blood corpuscle. Several of them cover each secreting cell (very much as the large interlobular bile ducts cover a lobule), and as the cell becomes filled with bile the secretion oozes through its walls into these capillary ducts. Thus there are no true acini in the liver; the ducts form no coecal terminations, but an endless anastomosing network, secretion takes place outside the ultimate ducts, and the product is not set free by the cell bursting, but gradually escapes by exosmosis through its wall.

Beside the parenchyma or proper secreting tissue of the liver—the hepatic cells, capillary intralobular plexus, and bile ducts—its three sets of bloodvessels, and its connective tissue with lymphatics and nerves, there is between the lobules a considerable quantity of lymphoid or cytogenic tissue: *i. e.*, of delicate connective arranged in a retiform manner with leucocytes in the meshes. So that in studying the pathology of the liver you will find that besides diseases of the secreting tissue (“parenchymatous hepatitis,” &c.), of the ducts, of the connective stroma (“interstitial” disease), and of the portal or hepatic circulation, there is a possible hypertrophy of this cytogenic, adenoid or lymphoid tissue.

To see the structure of the liver: first scrape a fresh section and examine the cells under a high power in blood or in salt solution. Notice their large size, their spheroidal shape, their nucleus (occasionally two are present), and their contents. These are sometimes transparent, more often granular from brown pigment-granules, and still more often filled with molecules or larger drops of oil. Every day during digestion the hepatic cells become charged with oil, which may be called a physiological fatty infiltration of the liver.

Next, make a section of hardened pig's liver, and examine it with a low power. Near the surface you see under the peritoneum, Glisson's capsule of connective tissue sending prolongations (the portal canals) inwards, which divide the section into lobules. These on the surface are flattened by vertical pressure—just as you saw the cells of cartilage flattened under the perichondrium, and those of epidermis flattened towards the surface: the deeper lobules are hexagons, as beautifully regular as the deeper cells of a frog's skin. Each is surrounded by interlobular stroma in which you may see a portal vessel obliquely or transversely cut. In the middle is the cavity of the hepatic vein of the lobule, and around are the radiating columns of close packed secreting cells. If you make a similar section of a dog's or of a human liver you will find the general arrangement similar, but the lobules are not so regular in shape and the stroma between them not nearly so abundant.

To see the portal vessels, cut sections of an injected liver, not only through the lobules but across a thick portal canal. You then see the inter- and intra-lobular portal veins, and lying beside the former branches of duct and artery. For

the hepatic vein, take a much congested liver and cut it across; the central cavity of each lobule appears full of blood, with vessels radiating from it. Or make a section of hardened liver which has been injected from one of the large hepatic veins.

The large ducts are easily seen in sections across the portal canals; the capillary ones only by Hering's method of injection. The primitive racemose structure of a liver is well seen in that of a snail or slug unravelled under water. The lymphoid tissue must be studied when hypertrophied in cases of leuchaemia.

(To be Continued).

Original Communications.

PARACENTESIS ABDOMINIS.

ALTHOUGH, perhaps, nothing will be said in this contribution that the wise “everybody” does not already know, still there may be something that has not before been written.

Erichsen recommends the abdomen to be compressed with a split flannel bandage, which assistants are to “draw tightly as the water flows.” This operation he calls “the simplest in surgery.” It is certainly the ugliest. The author of another large work uses a sheet for the same purpose. Pollock, too, in Holmes's System, says: “A broad towel, warmed, should be passed round and above the umbilicus, and a second one below; the ends of these towels being held behind the patient, to be tightened as the fluid escapes from the abdominal cavity. The common trocar, with a short canula is the simplest instrument to use in the operation, and as efficacious as any; but of late a tube of india-rubber has been adapted to the canula, so that the fluid may be carried to a basin at the foot of the chair or bed which supports the patient. The choice of the instrument is a matter of fancy; the original and most simple trocar is as efficacious and convenient as the most modern complicated one.” In another place: “The patient may be placed upright on the edge of a chair, or recumbent on the side of a bed.”

While admitting the fact, that many other circumstances may combine to produce an evil result after tapping, they might reasonably, I think, be attributed to the very fact of our following the principles herein laid down for our guidance. These are (1) putting the patient in an upright position; (2) the use of a compressing bandage; (3) the use of a short or simple canula, or (4) the careless use of one with an india-rubber tube affixed. To these, I say, may in some measure be attributed the subsequent inflammation or suppuration and the syncope and shock due to the operation. The abdomen also cannot be completely emptied of the contained fluid by this method. It may not be desirable sometimes to completely empty the abdomen of fluid, but that does not alter the fact that placing the patient in an upright position, using a small canula, and compressing the abdomen with a bandage, renders the operation dangerous, ugly and inefficient.

The best and simplest way is to take a long trocar and canula, eight inches will, as a rule, suffice; in some cases it is advisable that it should be longer, but this depends upon the depth of the patient's abdomen. A long elastic tube, capable of adjustment to the mouth of the canula, must be in readiness. Having made the usual incision through the skin, thrust the trocar and canula, guarded by the thumb, into the

abdomen or cyst, and, having withdrawn the trocar, find with the canula the lowest point to which the fluid can gravitate. If the patient be lying on the side, this will be in the lumbar region; if on the back, it will be in the hollow of the sacrum. Keep the hidden end of the canula fixed in this position, and the end of the india-rubber tube buried in the fluid in the receptacle, and never lift it out to see if it be running. In this way an abdomen can be emptied more thoroughly than by any amount of compression, for as, by virtue of the syphon, no air can enter the cavity, the atmospheric pressure will take the place of the split sheet and the assistants. It will be necessary to see that no air enter by the side of the canula towards the close of the operation. This may be known by the hissing noise, and is a warning to immediately withdraw the canula and close the wound. If this warning be not attended to, one of two things will happen—either air will enter the cavity, or else there will be rapid re-accumulation of fluid to equalise the pressure within and without. If the withdrawal of fluid be not pushed beyond this point, the operation will be unattended with danger and productive only of comfort to the patient. No more binding-up will be necessary than is required for the retention of the dressings. By the old method, we cannot possibly prevent air entering the cavity, and the pressure applied will of necessity be either too great or too little, either of which is an evil or an annoyance. "Z."

Eye Department.

Burns from Lime.—During the past week we have had several cases sent to us from the surgery, and thus the dressers lose sight of cases, whose correct treatment and dangers they should know. The following remarks may not prove uninteresting to them.

The great dangers of injuries from lime are that extensive sloughing of the conjunctiva may be caused, followed by adhesions of the lids to the globe (Symblepharon), the sight may also be damaged by total destruction or partial opacity of the cornea.

In a case of lime burn, as first seen, all fragments should be carefully removed from the conjunctiva, which should be thoroughly cleansed with water or dilute acetic acid, atropine should be dropped into the eye so as to dilate the pupil, and thus prevent adhesions should iritis occur; next place some olive oil or castor oil between the lids, and bandage up the eyes with wet lint.

The subsequent treatment of the case depends on the amount of damage that has been done. Should there simply be some scorching of the conjunctiva, followed by mucus discharge, alum or some astringent lotion should be used; should the injury be followed by corneitis or iritis, atropine or belladonna must be employed. When the sloughs separate care should be taken to prevent adhesions between the lids and globe by frequently drawing the lids away from the globe or by passing a probe daily between the opposed surfaces.

[We are indebted to Mr. Gibb for the above report from the eye wards.]

THE ROYAL COLLEGE OF PHYSICIANS.—The Harveian Oration, will this year be delivered by Dr. Guy, on Friday, the 25th of June. There will be a *Conversazione* at the College, on the 15th instant.

General News.

JUNIOR GUYITE CLUB.—A General Meeting of this Club will be held on Monday next, (June 7th), in the Anatomical Theatre, at 12 o'clock punctually. All Members are requested to attend. L. H. Stevenson, Hon. Sec.

GUY'S ATHLETIC CLUB.—TRIAL HEATS.—The Guy's sports will take place on Friday, June 18th, at the Star Grounds, Fulham. There will be no entrance fees, and the first and second in each event will be entered free to represent the Hospital at the inter-hospital sports on the 26th. Gentlemen who intend to compete are requested to enter their names as soon as possible. No one will be allowed to witness the Guy's or inter-hospital sports, unless he be a member of the club. By order of the Committee. H. M. Powell, Hon. Sec.

MR. FREDERICK MANBY of East Rudham has lately written to the *Norfolk Chronicle*, pointing out the great inconvenience, to say the least of it, to which medical witnesses may be put if they are detained at the assize towns in the hourly expectation that some case in which they are concerned may be called, but which, for one reason or another, is deferred from day to day. At the Recent Norwich Assizes, Mr. Manby himself was subpoenaed as a witness in a criminal case, and he was detained from the opening of the commission nearly to the end—seven days in all. Part of the time he had to spend at Norwich, and part at Lynn, and as his remuneration he received altogether £8 17s., about 25s. *per diem*. This is obviously a most inadequate payment, when the loss of time, the disarrangement of business, the expense of travelling, etc., are taken into account. Mr. Manby suggests that, in these days of telegraphic communication, it would be enough to summon the professional witnesses a few hours before their case was to come on, which could easily be done either by wire or by a special messenger, they having previously been subpoenaed as usual. To this suggestion we can see no great objection. If proper care were exercised there need be no fear of the absence of important witnesses, while the expense, as Mr. Manby shows, would probably be considerably less than it now is. By such a plan as this the inconvenience and loss of time would be obviated. This, at any rate, would be a step in the right direction; and we trust that yet further justice may by and by be done to the profession by raising the scale of remuneration for skilled witnesses.—*British Medical Journal*.

THE following Guy's men have lately passed the 2nd. M.B. examination, at the University of Aberdeen:—John Thomas Carey, John Wright Mason, Walter Culver James, Edward J. W. Hicks, and Seymour. Mr. Carey has also passed the 3rd. M.B.

Medical Wards.

Aneurysm of Arch of Aorta.—G.B. æt. 54. Time-keeper. When admitted was too ill to give any history, but whilst in Barnabas suffering from his eyes he had two attacks of orthopnea which lasted an hour or two, were relieved by sitting up altogether, and resembled the attacks met with in patients suffering from heart disease. On May 24th, the orthopnea was much more severe than on the two former occasions, and continued through the night. Next morning he was removed to Philip, where various means were used. The tracheal sounds

entirely excluded any lung signs, but neither heart nor lung trouble was thought to exist till two days before death, when the temp. rose to 102° F., and some dulness was detected at the right base. Of the remedies used pulv. emetic gr. xxx. followed in four hours by vin. ipecac $\frac{3}{4}$ ss. given in hot water did not produce vomiting but fairly purged patient, giving some relief. Cupping between the shoulder blades was also of some good.

P.M.—The heart was found healthy, but aorta was atheromatous; from the transverse part of arch between and behind the innominate and right carotid arteries, an aneurysm the size of a walnut pouched up in front of the trachea as high as the fifth tracheal ring. The recurrent nerves ran close by the aneurysm, but did not appear to have been pressed upon by it. The tracheal mucous membrane from the fifth to the tenth ring was congested and granular-looking. Another small aneurysm projected from the lower part of the arch just over the root of the left lung. Lower part of right lung was solid, and there was recent pleurisy on both sides.

Morbus Cordis—Syphilis—Lardaceous Disease.—W. S., æt. 44, a musician, was admitted May 21st, complaining of dropsy of legs and scrotum and shortness of breath, from which he had suffered only two weeks. Had not been a heavy drinker. Gonorrhœa sixteen years ago, attended with bubo. Denied syphilis. His only illness was four years ago, when he was laid up for a month with acute rheumatism. On admission he was very pale and somewhat jaundiced. Heart dulness, extended to right of sternum, and apex was 2-in. below and in the nipple line. A to and fro noise and systolic mitral bruit was heard. P. 84, weak, small; urine, s.p. gr. 1014, loaded with albumen. Patient sank gradually.

P.M.—Pneumonia at both bases, with some recent pleurisy. Heart, 21 oz. Both ventricles, but especially the left, hypertrophied; no marked dilatation. Slight calcareous change in mitral valve; aortic valves converted into irregular stony masses. Musculi papillares undergone fibroid change, in structure of wall close to mitral orifice was a gummatous-looking patch. Recent pericarditis. Ascending arch of aorta much dilated, and slightly atheromatous. Liver, 105 oz., shiny, but not very hard; contains several small gummata, surrounded by bluish zone. Kidneys, 13 oz., fatty and granular; contained some gouty-looking particles. Spleen, 23 oz., hard and shiny. Testes, both had undergone a fibrous change, which was more marked in the left, where was also a gumma. Liver, spleen, kidneys and intestines were lardaceous.

Opium Poisoning.—E. P., æt. about 25, about 9.30 p.m. on the 27th ult. drank two-pennyworth (3 ij) of laudanum. She remembers being put into a cab, and police say she was in the hospital within fifteen minutes of the time when she swallowed the drug, but she remembered nothing till roused by galvanism. Patient presented the appearance of opium poisoning, having the dreamy look about the eyes and irresistible desire for sleep, so that she could not stand. Pulse was small and pupils dilated. Splashing the face with cold water, and compression applied behind the condyles of the jaw temporarily roused her. An emetic was at once given, and the stomach pump passed, when she vomited freely; this was kept up by making her drink warm water. By the help of a strong galvanic current, she was stimulated sufficiently to walk up and down the colonnade (supported on each side) for half an hour. The sleepiness in a couple of hours had almost worn off, and at midnight she was allowed to lie down. At 1 a.m. the pupils were normal, but the pulse still small—

104. On the second day patient was sent out well. The fact that the pupils were dilated made the diagnosis questionable, but the stupor was very characteristic of opium poisoning, and there was little doubt the patient had taken the laudanum, as she had but just bought it of a chemist, who corroborated her statement, besides which, the empty bottle was found in her possession, and she confessed to suicidal intentions.

The Dissecting Room.

With the exception of three or four bodies that are undergoing dissection, the subjects are now for the most part diverted to the teaching of Practical Surgery, in which Mr. Davies-Colley is frequently engaged. Mr. Lucas is taking a class twice a week, for the 1st M.B. Examination of the University of London, and Mr. Golding-Bird is demonstrating to the gentlemen intending to present themselves for the College in July, whilst Mr. Jacobson has relieved Dr. Pye-Smith of the Classes in Zoology, for the Preliminary Scientific Examination. Owing to the gases from the room in which the coffins are placed having penetrated to the Museum, the ceiling of the underground room is being plastered to prevent any further escape of bad odours in that direction. The old dissecting boxes are also being cleared away.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The following questions were asked at the written examination for the second fellowship, on May 21st. All four questions *must* be answered.

1. Describe the circumstances under which you would remove the Eyeball, and the mode of performing the operation.
2. What are the symptoms attending the introduction of a foreign body into the Trachea? Describe the probable course and termination of such a case when the body is retained; and state how you would proceed in attempting to give relief.
3. Describe the structural changes that occur in the Arteries, in the various forms of degeneration to which they are liable; and explain the influence of those changes, when advanced, upon the circulation.
4. Give the diagnostic signs by which you would distinguish different Tumours within the Antrum; and describe their respective anatomical characters.

Four Guy's men presented themselves, of whom all passed, viz:

Messrs. Brietcke, R. C. Chicken, T. Eastes, M.B., and R. J. Pye-Smith.

Notes from the Surgery.

THE following is a list of the most important cases treated in the Surgery during the month of May. It should be remembered, however, that the list is by no means complete, for, notwithstanding all care, a great number of cases are never entered in the books; this is especially the case with regard to extraction of teeth, about half of which are probably omitted. Cut fingers have not been mentioned in the list, they probably number about as many as all the other cases put together.

Teeth extracted, 302; burns and scalds, 26; diarrhoea, 27; scalp wounds, 54; dog bites, 8; horse bites, 2; cat bite, 1; human bites, 4; fingers amputated, 3; thumb amputated, 1; cut eyeball, 2; foreign body in eye, 8; lime in eye, 1; tongue-tie, 2; foreign body in ear, 2; foreign body in nose, 1; circumcision, 1; morbus Coxæ, 2; needle in hand, 2; bones in throat, 3; epistaxis, 5; plugging postr. nares, 1; umbilical hernia, 3; femoral hernia, 1; inguinal hernia, 2; paraphymosis, 4; stricture, or retention of urine, 12; hydrocele, 1; divided radial artery, 1; gonorrhœa and epididymitis, 11; synovitis of knee, 26; fractured clavicle, 19; fractured nasal bones, 1; fractured ribs, 12; fractured acromion, 1; fractured humerus, 2; separation of lower epiphysis of humerus, 2; fractured external condyle, 1; fractured radius, 13; fractured radius and ulna, 3; fractured ulna, 1; fractured olecranon, 1; fractured metacarpal bone, 2; fractured phalanx, 1; fractured lower jaw, 2; dislocation of scapula, 1; dislocation of lower jaw, 1; dislocation of elbow, 2; dislocation of shoulder, 3; dislocation of thumb, 1; dislocation of finger, 1; compound dislocation of finger, 3.

It will be seen that no less than 54 scalp wounds were treated as out patients. This will at once show the absurdity of the idea that all scalp wounds should be admitted; if this were done all the accident beds would speedily be filled with drunken men and women who had been fighting in the public houses of the Borough.

All the cases of amputation of finger were done under the carbolic spray, and the success was fairly satisfactory.

The foreign bodies in the ear were a pea and a bead, both of which were expelled by syringing water into the meatus.

The needles in the hand could neither of them be felt, therefore no attempt was made to cut down upon them.

One of the bones in the œsophagus was an irregular triangular bone from a sheep's head, and was removed after much difficulty.

The cases of fractured forearm have all done well, great care has been taken to put them up in the fully supinated position, "so that the patient can spit in his palm," it has also been found important, especially in children, to strap one splint to the arm before putting on the other, this obviates the tendency which they otherwise have to slip round.

Of the 3 cases of dislocation at the shoulder joint, two were of the subcoracoid variety, and the third was a well marked subglenoid, the 2 former were reduced by the heel in the axilla, with the patient under chloroform, and the third by manipulation, without chloroform.

Of the 2 cases of dislocation at the elbow, one was a dislocation of the ulna and radius, backwards and inwards, and the other, a dislocation of both bones backwards with a fracture of the coronoid process.

The dislocation of the thumb, (terminal joint), was easily reduced by forcible extension backwards.

Correspondence.

TO THE EDITORS.

SIRS,—Having heard complaints from various quarters of the Bavarian splints giving way at the ankle joint, and fearing that on this account they may fall into disfavour, I have written the following explanation:—

It is very evident how this occurs; it is entirely owing to the foot not being *exactly at a right angle with the leg*. If the angle, say, is but 95°, directly the patient gets about, the toes must, of necessity, first touch the ground, and the patient not being able to walk on his toes or the ball of the foot, the weight of the body presses down the heel, and crack goes the splint at the ankle. If the angle is a right angle, the patient's foot rests on the ground, and there is no strain whatever on the splint.

How to get the foot *exactly at a right angle*.

This is well described in an article on Bavarian splints in a back number of the GAZETTE, and I beg to refer your readers to that, and would more particularly draw their attention to the manner in which the foot-piece is made; if they will follow that description, they will find that their splints, made as there described, will not crack at the ankle.

When dresser I made between 40 and 50 Bavarian leg splints, and in no single case did a splint give way at the ankle, although some were worn 8 and 9 weeks. The writer of the article on Bavarian splints was a fellow dresser of mine, and can tell of like success in his splint making.

R. C. G.

MEDICAL.

The following cases were admitted between May 27 and June 2:—

ADDISON.—8, Right hemiplegia, aphasia. 15, Acute rheumatism, pericarditis. 20, Tonsillitis. 30, Chorea. 38, Morbus cordis, mitral systolic bruit, dropsy.

BRIGHT.—2, Acute tonsillitis. 17, Left pleuro-pneumonia. 23, Phthisis.

CLINICAL.—1, Icterus. 3, Aortic and mitral disease. 4, Chorea. 6, L. pleuro-pneumonia, death. 7, Enlarged liver. 19, Cerebral. 24, Erythema. 31, Lead poisoning. 32, Morbus cordis. 33, L. pleuro-pneumonia. 34, L. pleuro-pneumonia.

MARY.—11, Hemiplegia, ? hysteria. 22, Morbus cordis, mitral regurgitation.

PHILIP.—5, Phthisis. 6, Locomotor ataxy. 9, Phthisis. 16, Morbus Brightii. 20, Phthisis. 22, L. pleuro-pneumonia. 27, Morbus cordis. 42, Morbus cordis. 47, Bronchitis and emphysema.

STEPHEN.—2, Rheumatism, ? gonorrhœal. 5, Phthisis. 30, Acute rheumatism. 42, Sub-acute rheumatism. 43, Acute rheumatism.

SURGICAL.

The following cases were admitted between May 27 and June 2:—

ACCIDENT.—10, Smashed hand. 15, Concussion. 16, Fractured fibula. 19, Fracture of nasal bones, concussion. 20, Contusion of abdomen. 29, Depressed fracture of skull.

DORCAS.—17, Chronic synovitis. 23, Chronic synovitis.

JOB.—4, Hydrocele, serofulous epididymitis. 8, Epithelioma of lip. 17, Epulis. 18, Fistula in ano.

LAZARUS.—Exostosis of femur. 3, Carbuncle. 6, Synovitis of knee-joint. 7, Infantile paralysis. 18, Hypospadias. 21, Cleft palate. 22, Gangrene of toe.

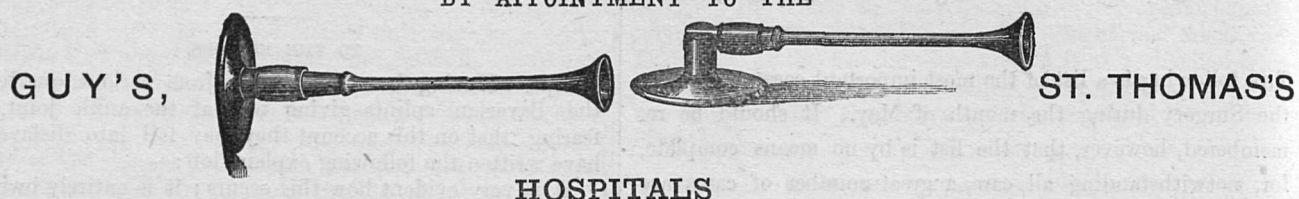
LUKE.—15, Abscess in abdominal walls. 18, Recto-vesical fistula. 20, Disease of hip-joint.

LYDIA.—3, Synovitis of both knees. 4, Necrosis of tibia, congenital syphilis. 25, Calculus vesicæ. 10, Laceration of leg. 15, Scalp wound. 26, Concussion. 21, Internal hæmorrhoids. 22, Fractured Fibula. 23, Adenoma of breast.

MARTHA.—1, Conical stump. 4, Internal hæmorrhoids. 34, Hypospadias. 20, Adenoma of breast. 22, Disease of hip-joint.

NAAMAN.—22, Scrofulous abscesses in neck.

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SATURDAY, JUNE 12, 1875.

[TWO PENCE.]

ON Friday next, June 18th, at the Star Grounds Fulham, the Guy's sports will take place, and the trial races for selecting the best men to compete at Lillie Bridge on the 26th will be decided. We look with much anxiety to see the form displayed by the new men next week. It has been too much the custom of late years at Guy's to rely almost exclusively upon senior men to keep up the honour of their school in athletics; fortunately we had until recently one or two remarkably good all round men who were hosts in themselves, and who could be relied upon to carry off several events at the sports, but now all this has changed, the old men have gone, and new ones must be found to fill their places, it only remains to be seen whether the new men will tread worthily in the footsteps of their predecessors. One thing is certain, no second or third-rate man can now hope to win events in the inter-hospital sports. When these meetings were first established, some six or eight years ago, the quality of the racing was not equal to what it is now; the principal reason seems to be that men spend more time in training than they formerly did, the prizes are now made so valuable that their intrinsic value induces men to take more trouble in preparing for them, and the consequence is naturally an improvement in the quality of the running. We can hardly yet speculate as to our chances of winning the shield this year. King's carried it off easily last year, and most of their heroes will probably compete again, it will task our school to the utmost to turn out men to beat Howlett and Lewis. Barts. too, we hear, have some good men, and, no doubt, St. George's will, as usual, prove dangerous.

We hear of at least one Guy's man who has a good chance, and, no doubt, there are others as yet unknown to us

who will make a good figure; at all events we can scarcely do worse than we did last year when we had but one first and two seconds; and the first was for throwing the cricket-ball! An event which is wisely left out of this year's programme. We understand that the men are scarcely paying up their subscriptions so readily this year as they usually do, we have even heard of defaulters among men who formerly took an active part in athletics—this must not be. Whether we win or lose the shield we hope that Guy's men will support by their subscriptions and by their attendance the united hospital sports at Lillie Bridge, where if the weather be favourable, we have no doubt the company will be as fashionable as usual, and where, in addition to the prizes and the champion shield, the handsome silver cup, won by Guy's in the inter-hospital football matches, will be presented by the lady who presides.

NOTES ON HISTOLOGY.

(From DR. PYE-SMITH'S "*Demonstrations of Practical Physiology.*")

Continued from Page 43.

LUNG.—This great double organ is formed very much in the manner of a compound racemose or lobulated gland. The trachea and bronchi answer to the ducts, the air-vesicles to the acini, and the bloodvessels and connective tissue are also arranged much in the same way. The object is the same—the utmost extension of surface in the smallest space. But what takes place at every point of the surface is not secretion

by a vital process of cell growth, but the mere physical phenomenon of diffusion of gases. And what prevents the lung from acting as a gland is that its acini are not lined by epheroidal, granular, active and short-lived epithelial cells, but by thin, flat tessellated endothelium, which resembles peritoneum rather than mucous membrane, and, like the former, is subject to croupous or fibrinous, not catarrhal or corpuscular inflammations, and is related to lymphatic more than to glandular pathology.

In some cases of profuse bronchial catarrh, however, the lung becomes practically a great secreting gland.

After the bronchus has divided and subdivided many times, the tubes become of a nearly uniform diameter of $\frac{1}{8}$ inch. Each of these opens into a lobule. It then divides rapidly into branches of nearly the same diameter, which are called *intra-lobular passages*, first described by Dr. Wm. Addison as intralobular bronchial ramifications, since called lobular passages by Dr. Williams, intercellular passages by Mr. Rainey, and alveolar passages by Dr. F. E. Schulze. These differ from the bronchial tubes, which lead to the lobule, by their large diameter in proportion to their length, and by the absence of cartilaginous rings and of a muscular coat. Opening out from these passages at frequent intervals, and closing them at their terminations, are short blunt processes dilating towards their blind end, which are called *infundibula*. The walls of the lobular passages and of the infundibula are thick-set with minute sacs (about the 100th of an inch in diameter, but in old people somewhat enlarged, so as to be visible to the naked eye), known as the *air-vesicles*, the air-cells, or the alveoli of the lung. The air-vesicles have a wall composed only of basement membrane lined with a single layer of small, flat, tessellated, non-ciliated epithelial cells (endothelium). This is the parenchyma of the lung.

The *stroma* is composed (1) of bands of ordinary areolar tissue, which run between the lobules and surround the blood-vessels and bronchial tubes, like the interlobular connective of the pancreas; and (2) of a large quantity of yellow elastic fibres, small and closely interlaced, which surround the air-vesicles and passages in each lobule, and give the important quality of elasticity to the healthy lung.

The *blood-vessels* are the branches of the pulmonary artery and vein, which form fine capillary networks encircling each air-vesicle, and the bronchial vessels which supply the mucous membrane of the tubes outside the lobules, with their muscular fibres and glands.

The *lymphatics* are (1) those connected with each air-vesicle by stomata; (2) the superficial set, which ramify directly under the pleura; (3) the bronchial all open into the bronchial lymph-glands at the root of the lung.

To see these structures, first make a section of one of the large bronchi. This should exhibit perfectly the external fibrous coat, the cartilaginous rings, probably cut in two or three places and showing ordinary alveolar structure, the unstriped muscular coat, the circular bands being thicker than the longitudinal, the sub-mucous coat, with beautiful little racemose muciparous glands, and the mucous membrane itself, thrown into folds by the contraction of the circular muscles.

To see the epithelium, you must take the lung of a freshly-killed animal—a cat is the best—and scraping one of the tubes, or even the cut surface of the lung, will bring off plenty of the cells, which must be examined in salt solution. They are smaller than the columnar cells of the intestine, their attached end tapers more, so that they might be described as conical, and their convex free surface is covered with thickly-set, short, fine cilia. Next make a thin section of

a lung hardened in chromic acid, after squeezing it under water to get rid of the air, and, under an inch-power, you will see the air-vesicles and passages, with occasionally fragments of their epithelium, the dense elastic tissue surrounding them, and here and there sections of bronchial tubes and blood-vessels.

To see the bloods vessels well, you must make a section of this injected lung, or examine these injected and macerated preparations, with a low power and bullseye condenser, by reflected light.

Sections near the surface show the pleura and very thin sub-pleural areolar tissue, and those from the front or apex of the lung, the larger air-vesicles usually found in these parts. A foetal lung—in the unexpanded state called atelectasis—is also an instructive object. Add acetic acid to see the large proportion of elastic fibrous tissue. For views of the infundibula, inject and soak the lung with gum-water; put a piece in a box of blotting-paper, and hang it in alcohol, and in a few days the spirit will have absorbed the water, and left a mass of the consistence of soap: the sections simply need soaking in water. To see the endothelium, treat a freshly-killed frog's lung with silver.

LYMPH-GLANDS, &c.—These so-called conglomerate “glands” have no more to do with true secreting glands, in the modern sense of the word, than has the glans of the corpus spongiosum, in their anatomy, function, or pathology. They have no duct, no acini, and no epithelium. They are comparatively little vascular, and do not act directly on the blood, but on the lymph, probably by manufacturing its corpuscles. Hence they have been called (leuco-) *cytogenic* organs.

A thin tunic of connective tissue sends in fibrous trabeculae, which divide the lymph-gland into several pear-shaped follicles, known as “infundibula,” or “ampullae,” or “alveoli.” Outside these is a loose “retiform” areolar tissue, which forms the “outer lymph-path,” and around and in them more of the same, where the inner lymph-stream flows. All communicate with a lymph-sinus, from which the single efferent lymphatic arises. Each of these *ampullae* consists, then, of a very delicate interlacing network of “retiform” connective, soaked with lymph and containing leucocytes in its meshes, traversed by capillary blood-vessels, and more or less completely enclosed by a capsule of fibrous tissue.

To see this structure, make a section of a hardened mesenteric gland of an ox, brush it well and shake it in water, to get rid of the mass of leucocytes, and stain with carmine. The general arrangement above described will then be seen, though not always with the same distinctness; indeed, the human lymph-glands examined will often have their trabeculae thickened and their cytogenic tissue atrophied, so as to show little more than ordinary fibrous tissue. The characteristic retiform connective, with leucocytes in its meshes, may, however, always be made out in a healthy lymph-gland.

Suppose one of the ampullae separated from the rest of the lymph-gland, and enclosed in a fibrous tunic; we then have a “lymphoid,” “cytogenic,” or “adenoid” FOLLICLE. When these are found scattered in the sub-mucous tissue of the intestines they are called *glandulae solitariae*: the solitary follicles of the stomach are known as “lenticular,” those of the tongue as “the closed follicles behind the foramen cœcum.” When grouped together (*glauminatae*) these follicles form the “patches” of Peyer; and the *tonsils* are only two such patches of lymphoid follicles situated in the throat. The best view of them is gained in making vertical sections of the intestine (*vide supra*, May 1). Choose one from a young subject, as they atrophy with advancing age. Hence the rarity

of enteric fever after middle life. The THYMUS consists of a mass of these same follicles, loosely united by connective tissue. To see its structure, cut sections from that of a foetus hardened in spirit. Pencil and stain.

Remember the points by which these cytogenic follicles differ from the acini of secreting glands. They are closed, and have no duct; they are not cavities lined with epithelium, but solid masses of retiform connective and leucocytes; the capillaries run through instead of outside them; they grow from the mesoblast, not the epi- or hypo-blast; and their function is not to secrete, but to form leucocytes, probably by a process of cell-fission. Similar cytogenic tissue, not in distinct follicles, but *diffuse*, is found under the mucous membrane of the greater part of the alimentary canal, in some sub-serous layers, forming the "red-marrow" which fills the cancelli of bone, and lastly making up a large portion of the liver and spleen.

SPLEEN.—This organ may be considered in two ways, (1) as a great reservoir for the portal blood, (2) as the largest cytogenic, lymphoid or adenoid organ. Its vascularity you see at once on section, or by looking at Sir Astley Cooper's injections in our Museum of Comparative Anatomy.

Scrape a fresh spleen and you find abundance of blood disks, but probably an equal number of leucocytes, and shreds of very delicate connective tissue. Next squeeze and wash out a piece under water until a white thready mass is left in your fingers. Spread out a bit of this under a low power, and you will see that it consists of interlacing trabeculae of fibrous tissue, shown by the action of acetic acid to contain a good many elastic fibres. Lastly, make a section of the hardened spleen of a young and healthy animal (a calf's is the best) wash and brush it as you did other lymphoid structures, and you will see that it consists of (1) a thin investing tissue of peritoneum and white and yellow fibres, (2) trabeculae, continuous with this, (3) "solitary" cytogenic follicles, placed in the bifurcations of these trabecular, "like rosebuds in their calyces," (4) splenic "pulp," consisting of the diffuse cytogenic tissue above described. Add to these constituents (5) blood vessels, arteries, veins, capillaries, and venous sinuses, (6) superficial subserous and deep parenchymatous lymphatics, which run through the small lymph glands of the gastrosplenic omentum into the thoracic duct, (7) nerves from the solar plexus distributed to the arteries (vasomotor), and, in many of the lower animals, to unstriped musculae bands which confer vital contractility on the capsule and trabeculae, instead of the mere elasticity of yellow fibrous tissue which the human spleen possesses.

Eye Department.

Operations by C. Higgins, Esq., Monday, June 7th, 1875.

- 1.—Glioma L.E. Extirpation.
- 2.—Glaucoma iridectomy.
- 3.—Convergent strabismus. Division of internal rectus.
- 4.—Ditto.
- 5.—Divergent strabismus. Division of external rectus, and insertion of internal rectus advanced.
- 6.—Glioma, L.E. Extirpation.

7.—Cataract. Oblique corneal section upwards with iridectomy.

8.—Cataract. Mr. Bowen the dresser performed an iridectomy downwards.

NOTES ON THE ABOVE

Glioma.—The two cases of Glioma were well marked instances of the disease. The patients were both children two years of age, the pupils of the affected eyes were dilated and fixed, and the peculiar glistening appearance of the parts behind (known as cat's eyes), was extremely characteristic. In both eyes the lens was transparent, so that a good view of the growth could be obtained with the ophthalmoscope. Large vessels might be seen coursing over the surface in each case.

The only disease with which Glioma is likely to be confounded by an ordinary careful observer is strumous deposit within the eye-ball, this resembles the early stages of Glioma, but in Glioma the growth goes on increasing continuously, the eye ball eventually giving way, usually somewhere near the centre of the cornea, and the tumour protruding as a rapidly growing fungus.

Strumous deposit, on the contrary, only grows to a certain extent, when a retrograde process takes place, the globe becomes soft and subsequently shrinks to a painless stump. In excising an eye-ball for Glioma or other malignant disease, care should be taken to divide the optic nerve as far back as possible as it is not infrequently infiltrated with the new growth.

The microscopical appearance will be given when sections have been made.

Divergent Strabismus.—In cases of divergent strabismus it is not sufficient as in convergent strabismus simply to divide the offending muscle, but the antagonistic muscle must be shortened and its insertion brought forward nearer to the margin of the cornea, and thus its power is increased.

The operation should be performed thus: A wire speculum should be placed between the lids to keep them open, and the external rectus divided, next the conjunctiva should be divided in a line midway between the insertion of the internal rectus and the inner margin of the cornea, the internal rectus itself should then be divided and turned back with the conjunctiva and the sub-conjunctival fascia, two sutures should then be passed through the conjunctiva and the sub-conjunctival fascia near the inner margin of the cornea, one above and the other below, they should then be firmly fixed in this position and then carried through the rectus muscle and brought out on the conjunctiva about the semilunar fold; the superfluous portion of conjunctival fascia, and tendon should then be cut away and the end of the muscle then drawn up close to the margin of the cornea by tightening the sutures, which should now be firmly tied and cut off short, the eye should then be covered with wet lint secured by a bandage.

The patient with the white optic discs is still in the hospital and students can examine his eyes in the dark room at any time during the day.

We are indebted to Mr. Gibb for the above report from the eye wards.

Mr. W. P. Turner passed his final examination for the L.S.A. on June 3rd.

On the 3rd of June, at 1, Bevington Road, Oxford, the wife of E. A. Bevers, Esq., M.R.C.S.E., of a son.

Surgical Wards.

CASE OF PELVIC TUMOUR.

In the "Gazette" for January 2nd, there appeared a short account of what were supposed parallel cases of hæmatocele of the spermatic cord. The elder of the two men went out in due course practically well, and we have heard no more of him since. The younger, Charles Rawlings, æt. 18, remained in the hospital for 4 months, at the end of which time we had the opportunity of viewing pathological changes of no small interest.

When he first presented himself to our notice, the thought of hernia was suggested by the history which he gave of the sudden appearance of the swelling, which we found existing in, and projecting from the inguinal canal. But subsequently this thought gave way before that of hæmatocele of the cord, for the tumour remained hard, not separable from the cord, which seemed to tail off from it, having little or no impulse imparted to it by coughing, and the absence of those constitutional symptoms which accompany a recent inguinal hernia.

So the case continued interesting from this point of view only for the first 13 days, when (December 23rd), Mr. Frederick Durham first noticed a round, firm, but somewhat elastic swelling above the pubes, extending about half-way to umbilicus, just like a distended bladder. The bladder evacuated its contents completely, though when questioned he admitted that he could not begin at once.

We will give some details as they were entered by the reporters, Mr. C. E. Perry, and Mr. R. Settle, and then add a description of the post mortem appearances.

January 14th.—Frequent micturition every 3 or 4 hours—swelling enlarged, extending up to umbilicus.

February 5th.—Mr. Bryant put in an exploring needle, but no fluid came out.

February 8th.—Some difficulty in defæcation.

February 11th.—Also in micturition.

March 2nd.—Bowels not open for a fortnight. Enema of warm water returns only colored. No. 12 catheter can only be passed, softened along palmar surface of index finger, which is insinuated between posterior wall of rectum and a large solid mass projecting from the anterior wall into the cavity of the sacrum without apparently, however, invading the mucous membrane. On the same day Mr. Bryant colotomised in the left loin. No fecal matter escaped at the time. March 4th.—Pulse 100. Temp. 99.4°.

5th.—Pulse 120. Temp. 98.5°. Pulse at wrist remarkably hard. Has had eight fits through the night and one or two this morning. There were twitchings (general) on both sides beginning in right leg. He was scarcely sensible in the intervals but recognised his mother. Is quite blind.

6th.—Has had only one fit in the night and one this morning. Seems more conscious, passes water involuntarily—about one pint. Sp. gr. 1010, no albumen.

7th.—Quite conscious, no fits since yesterday morning, sight somewhat improved, pain in the head and lower part of abdomen.

8th.—Looks much better. No albumen in urine, ophthalmoscopic examination shows nothing abnormal.

17.—Fæces now escape freely through artificial anus.

April 7th.—Since March 31st, he has been sick frequently. During last 24 hours has not passed more than half a pint of urine. The abdominal tumour had by this

time become very large though not extending higher than umbilicus, it projected much forwards and laterally, and was nodulated; the inguinal swelling remained much the same, scrotum œdematous.

8th.—Has passed only about half an ounce of urine during the last 24 hours—catheter passed, but no urine drawn off. Pulse 144. Temp. 102.2.

9th.—Feet and ankles swollen, œdema of tongue. Has passed only a teaspoonful of urine in the last 24 hours. Somewhat drowsy, Pulse 128, Temp. 100.5. 3 p.m.—Has passed nine drachms of urine with a thick deposit, consisting of blood, pus, &c., and containing a large quantity of albumen.

10th.—Has passed about half an ounce of urine this morning very highly colored with a red deposit. Pulse 120. Temp. 97.6.

11th.—Passed about a pint and a half of urine. Sp. gr. 1012, very much clearer.

12th.—Vomits at times.

13th.—Urine—Sp. gr. 1010, slightly albuminous.

14th.—Seems in a drowsy condition. Pupils contracted. Pulse small, hard, and irregular—80. Has had several fits during the night, (epileptiform.) Has passed two and a half pints of urine. Sp. gr. 1010 clear, light colored and containing very little albumen.

15th.—Seems slightly better this morning. Has passed a fair quantity of urine.

16th.—No more fits. Urine—two and a half pints. Sp. gr. 1011, albuminous.

17th.—Appears very ill to day. Bleeding from mouth. Has passed only $\frac{3}{4}$ viij of urine, loaded with albumen. Sp. gr. 1010, much deposit.

18th.—Obit.

Post Mortem.—The large mass filled the pelvis, was closely connected with the base of the bladder which viscus it flattened and pushed to the left, but its walls were not infiltrated. The rectum was flattened but healthy. The ureters up to the brim of the pelvis were much contracted, but above this as far as the kidneys they were as large as the little finger and tortuous. The mass in the right groin represented the spermatic cord and became continuous with the tumour within the abdomen, but its tissue had no resemblance to blood clot, was yellowish and firm, and though this structure was continuous with that of the tumour yet at the junction there was a great change in the general appearance, the latter being softer and of a reddish colour.

Dr. Goodhart found the structure *microscopically* to be made up of lymph-like cells (lympho-sarcoma.)

There were secondary deposits in the liver, spleen and in the peritoneum, round the artificial anus, but not scattered through the peritoneum; there was also a small gland affected in anterior mediastinum, but there was no general enlargement of the lymphatic glands. The deposit in the liver was more like carcinoma. The pelves of the kidneys were dilated and the organs in a "fatty stage of tubal nephritis."

Operations.

TUESDAY, JUNE 1st.

Mr. Howse removed a small sarcomatous growth from the neck of a boy æt. 10. He was in the hospital a few months ago for a sarcoma springing from the flexor tendon of one of

the fingers of right hand, for this the finger was amputated, but as it recurred the whole hand was afterwards removed with the exception of the thumb and index finger. This present growth was first noticed 6 weeks ago, and since then has rapidly increased. It was situated just below the lower jaw, an incision in the line of the jaw being made over it, it was with some difficulty dissected out on account of it being soft. After removal it was found to be (as Mr. Howse expected) of the same nature as that from the hand, a large spindle celled sarcoma.

FRIDAY, JUNE 4th.

Mr. Bryant removed an epithelioma from the lower lip of a man by means of a v shaped incision. Bleeding vessels were twisted, and the edges brought together by means of hare lip pins. The edges have united well.

Mr. Howse excised a knee joint in a woman æt. 27, for pulpy disease. The joint had been affected for 7 years, during which time at intervals she had had several more acute attacks of inflammation in it. The joint was much swollen and contained some fluid. The operation was done in the usual manner. A transverse cut being made below the patella and the joint opened, pus escaped with some flakes of disorganized cartilage. On section the bones were found much diseased and the cartilages destroyed. The lower end of the former contained an abscess, while there were two caseous masses in the head of the tibia. These were gouged out and a groove made in each bone to allow free escape for discharge. The limb was afterwards put up in wax, on an excision splint. The operation was done antiseptically throughout.

TUESDAY, JUNE 8th.

Mr. Howse performed perineal section on a young man who ruptured his urethra 3 weeks ago. On his admission a catheter was passed into the bladder and retained, but notwithstanding this, some extravasation of urine took place which the last few days had greatly increased and so it became necessary to take more active measures. A grooved staff was passed into the bladder and Mr. Howse cut down upon this from the perineum, so affording free outlet for much offensive matter. Some incisions were also made in the scrotum. A large gum elastic catheter was then passed per urethram and tied in.

Mr. Bryant performed lithotomy on a boy aged 3 years. The child had symptoms of stone in the bladder coming on for the last month. The presence of a stone having been detected by the sound, a straight grooved staff was introduced into the bladder. Mr. Bryant then made the left lateral incision and removed the stone, which was $2\frac{1}{2}$ inches in circumference, by means of forceps. There was but little bleeding and this was soon stopped by a little pressure applied with a sponge.

The next operation was for the removal of two adenoid tumours of the right breast of a girl aged 23 years. She gave a history of only 3 weeks. On examination a tumour about $2\frac{1}{2}$ inches in diameter was found situated at the lower part of the breast, it was moveable and did not appear to be connected either with the skin or the gland. A second smaller, nodulated moveable tumour was found situated beneath the nipple. Mr. Bryant made an incision 3 inches long over the lower tumour, radiating in a line from the nipple downwards and outwards. The larger tumour was easily turned out from its capsule; the capsule of the smaller growth was

next divided and the tumour removed, the mammary gland and its ducts being left intact. The edges of the wound were brought together at the upper part with sutures, and a drainage tube introduced at the lower part, a pad of cotton wool and strapping were then applied.

Mr. Durham performed lateral lithotomy on a young man, and perineal section, (Mr. Cock's operation) on an old man. We are unable to report these more fully.

General News.

Dr. Hicks's Lectures on Midwifery will be continued next week.

The following Guy's men have passed the L.R.C.P. of Edinburgh Messrs. E. F. Thomas, P. O. Jones, and Mark Todd.

Mr. Belgrave Ninnies, an old Guy's man, has sailed in the *Discovery* as Surgeon.

Medical Wards.

Left Pleuro-Pneumonia.—J. C., æt. 48. A ship-loader, and accustomed to drink heavily, was admitted on May 31st, giving a history of 10 days' cough, shortness of breath, etc., he answered questions in a rambling way, and during the night became delirious, remaining so till the time of his death. On admission skin was hot and dry, tongue covered with brown fur and very dry; there was a slight cough, with scanty frothy sputa, not at all rusty in character. Over the left lower lobe was solid dullness, with tubular breathing and bronchophony and a loud shuffling pleuritic rub. Urine slightly albuminous, sp. gr. 1018. The next evening moist sounds were heard over both lungs, dyspnoea and delirium were extreme, and patient died early the following morning. P.M. The lower lobe of the left lung was solid, in a stage going on to grey hepatization, quite the base appearing less advanced; the upper lobe was collapsed. This lung weighed 56oz., as compared with the right, which was 30oz., being congested throughout and very soft, easily breaking down. Recent pleurisy on both sides. A good deal of gelatinous inflammatory tissue was found in the mediastinum. Other organs fairly healthy, but liver which was 67 oz., and slightly cirrhotic. No diptheritic membrane in intestine.

Morbus Cordis. Morbus Brightii.—A.B. æt. 25, tinker, was admitted from the take-in room on Wednesday week. Has never had rheumatism and never suffered from shortness of breath till the last few months. Has sometimes to lift heavy cases, but, as a rule, his work is light. Six months ago he fell down insensible whilst walking, and remained so for three hours, and on coming to found he had lost his speech, partial use of his right arm and felt weak in right leg. Recovered entirely in a week and remained well till March, when he was laid up for two or three weeks with dropsy of face and legs, and at this time first knew his heart was diseased. Since then he has kept fairly well till 14 days ago, when, whilst lifting a heavy weight, he felt as though he was going to have another fit, but the feeling passed off, leaving him in a state of complete aphasia. Nine days ago dropsy came in his legs, and he has since kept his bed. On admission to Clinical patient was extremely anæmic, but slight aphasia was the

only sign of paralysis. Apex beat of heart was 2 in. below and outside nipple line, with a very heaving action. To and fro basic bruit, the diastolic being heard all over the chest. Radial pulse splashing, 64. Urine pale and clear, sp. gr. 1012, 1-6th albumen, containing blood corpuscles, epithelial and granular casts. Patient passed a restless night, and was very delirious; in the morning complained of great pain in the region of the heart, became if possible still more blanched and died at 11 a.m. P.M. Heart $20\frac{1}{2}$ oz., dilated and very hypertrophied. Calcareous change in valves, the two anterior valves were almost united in one, and the attachment of the left was channelled through, shewing an early stage of the condition found in the heart of W. S., reported last week, in which the two anterior valves had united, the attachment of the left had given way, and at the spot where it should have been attached a pouch burrowed into the vessel, forming a small aneurism. Kidneys: right, 12 oz., in a state of acute inflammation; left, $1\frac{1}{2}$ oz., lobulated in character.

The Medical Wards contain but few cases of interest. 7 Clinical is a case of hydatid of the liver in a boy who gives four years history. The liver is much enlarged and apparently two cysts exist which communicate. 5 Clinical, the case of acute intestinal obstruction is convalescent. The diagnosis was at first somewhat obscure, but the supposition of perityphilitis was probably correct. 24 Clinical was an interesting case of erythema which came in on Saturday. The rash appeared the day previously, but the patient was in perfect health. Variola, morbilli, and scarlatina were each thought of, but the weight of opinion was in favour of simple erythema, and such it proved to be, the girl leaving the hospital in four days well. The case reported last week of gummata in the liver and heart turned out (on microscopic examination) to be fibroid change in the wall of the heart and intense localized lardaceous change in the liver. A drawing of a similar condition of the liver has been placed in the post-mortem room by Dr. Moxon.

Athletics.

UNITED HOSPITALS ATHLETIC CLUB.

At a committee meeting held at King's College, Mr. Lyne of St. George's in the chair, on Tuesday, June the 8th, the following business was transacted. Mr. Ewart of Guy's was chosen as referee, whilst Mr. Osborne of St. Thomas's was elected to act as one of the judges, the Earl of Jersey having declined to stand any more in that capacity, the following gentlemen were then chosen as a sub-committee to select the prizes. Mr. Lyne of (St. George's), Mr. May (King's), Mr. Master, (Barts.) Mr. Saunders (St. Thomas's), and Mr. Powell, (Guy's). The following resolution was then unanimously carried. That steps should be taken to exclude any non-subscriber at a London Hospital, from witnessing the sports. Mr. May, the secretary of the United Hospital, then promised that the tickets for the sports on the 26th, should be sent to the different secretaries in the course of a day or two. It was then proposed by Mr. Lyne and seconded by Mr. Master, that the luncheon which has annually been given to the Committee and the press, out of the funds of the Club, should on this occasion be dispensed with. This resolution was unanimously carried.

The dinner will take place in the evening after the sports, at the "Gaiety." Tickets 7/6. Gentlemen wishing to dine must signify their intention of doing so to the Hon. Sec. before the 20th inst.

Junior Guyite Club.

A General Meeting of the Members of the above club was held in the anatomical theatre last Monday, Mr. H. M. Powell, president for the year, in the chair. Mr. L. H. Stevenson the hon. sec. read the minutes of a committee meeting, which had been held the previous week, the chief business at which had been the drawing up of a list of rules for the future management of the club. The following gentlemen were then balloted for and duly elected as members, Messrs. Elcum, R. Morton, G. Thomas, Hooper, Porter, Saberton, Carrington and Theed; 2 candidates were black-balled. Mr. Wallis moved that a photograph be taken of members in a group, this was seconded by Mr. Cock and carried unanimously. Mr. Stevenson moved that an album should be kept in which to insert the cartes of members, he thought it would be interesting to look at in future years, this motion was seconded by Mr. Rendle and carried unanimously. The Secretary then read the rules seriatim and moved their adoption, and after some discussion they were carried, together with one proposed by Mr. Lacey, to the effect that if any member signified his intention of attending the annual dinner and did not appear, he should be held responsible for the expense of his ticket.

A proposal to print the rules and distribute them among the members was rejected.

A vote of thanks to the chairman closed the proceedings.

The following are the Rules:—

1. That the Club be called the "Junior Guyite Club."
2. That the number of Members be limited to those already elected, and to gentlemen who entered the Hospital from October 1st, 1870, to July 31st, 1873.
3. That candidates for admission to the Club be proposed and seconded at a General Meeting of Members, and elected by ballot. One black ball in five to exclude.

Sub-rule:—Candidates, who have been black-balled may be re-proposed for election at any subsequent General Meeting.

4. An Annual General Meeting and Dinner of Members of the Club shall take place at a spot selected by the Committee for the time being.
5. At each Annual General Meeting a Committee shall be elected for the ensuing twelve months, composed as follows:—

A President, and Secretary elected from members of the Club of any year.

Three Committee men elected from members of the Club of each of the three years:—1870-1, 1871-2, 1872-3.

Sub-rule:—These shall all be eligible for re-election except the President.

6. In the years 1875, 1876, 1877, the Annual General Meeting and Dinner shall take place on the second Wednesday in November, in the year 1878, and all succeeding years upon the 1st October, except when that day falls upon Sunday, in which case they shall take place upon the 2nd October.

7. The Secretary shall notify to every member of the Club the place at which the Annual General Meeting of the Club will be held, at least one month beforehand, and will require to hear from every Member whether he proposes to attend at least a fortnight before the day fixed.

Sub-rule:—All members who announce their intention of attending, and fail to do so, will be required to pay for their tickets as if they had attended.

8. No strangers nor guests will be admitted to the Dinner.

9. The Secretary will at the Annual General Meeting submit an account of, and produce vouchers for any expenses he may have incurred on behalf of the Club. These will be defrayed by general subscription of those present.

L. H. STEVENSON, *Hon. Sec.*

Cricket.

GUY'S v. RICHMOND.

This match was played at Richmond on Saturday last in fine weather, and on a beautiful wicket. Guy won the toss, and we began batting with Hetley and Chapman, H. and F. Tate (professionals) being the bowlers. Hetley after making 10 runs which consisted of a 3, 2, 4, and 1 respectively, was bowled by F. Tate. Wallis then joined Chapman, but was soon disposed of after making a hit for 3. Chapman played a good innings of 12, having put the runs together very carefully. Runs came fast from Gray's bat, the bowler (Tomkinson) being a slow, Gray making 13 runs from his first over, and after playing a fine innings of 66 was bowled by H. Tate. Steele who seemed to be in good batting form after making 9 was run out. Howell made 11 and was then bowled. Very few runs were then made, the seventh wicket having fallen for 123, 7 runs only being scored from the next comers, making a respectable total of 130.

Richmond began batting to the bowling of Wallis and Howell. Wallis was in rare bowling form and the wicket suited him exactly, he taking 7 wickets. C. J. Lawrell, Gruggen, and Ricardo went in for hitting, making between them the greater number of the runs. The total being 103, Guy's having won by 27 runs.

In the second innings Guy's were disposed of very rapidly, being nearly all bowled by the Tates, only making 13 runs, the 1st wicket falling for 0, 2nd 0, 3rd 3, 4th 4. H. Tate's analysis was remarkably good—50 balls, 3 runs, 7 maidens, 5 wickets. F. Tate 45 balls, 9 runs, 6 maidens, 4 wickets.

GUY'S HOSPITAL.

1st inn.		2nd inn.	
H. Hetley, b. F. Tate	10	b. F. Tate	0
V. Chapman, c. F., b. H. Tate	12	b. H. Tate	0
P. E. Wallis, b. H. Tate	3	b. F. Tate	0
J. Reader, c. Ricardo, b. H. Tate	0	b. F. Tate	2
W. Gray, b. H. Tate	66	not out	6
R. Steele, run out	9	b. H. Tate	3
A. Howell, b. H. Tate	11	b. H. Tate	0
G. Stanger, c. F. b. H. Tate	0	run out	0
C. H. Everest, c. H. Tate, b. Hill	3	b. F. Tate	1
A. H. Turner, b. H. Tate	0	b. H. Tate	0
H. Davenport, not out	4	b. F. Tate	0
Byes 9, 1-b 3	12	Leg-bye	1
Total	130	Total	13

RICHMOND.

R. E. Tomkinson, c. Stanger, b. F. W. Gruggen, b. Davenport	14
Wallis	8
F. Tate, b. Wallis	8
R. Sidgwick, b. Wallis	4
F. L. Kinderman, b. Wallis	0
H. J. Hill, run out	3
C. J. P. Lawrell, b. Wallis	29
H. Tate, 1 b w, b Wallis	7
Byes 2, 1-b 4, w 1	7
Total	103

Umpires—B. Neal and M. Staveley.

GUY'S v. CHARLTON PARK.

This match was played at Charlton Park on Tuesday, and resulted in a victory for the home team by 93 runs.

Gray won the toss as usual, but as his opponents were only 5 strong at the time he was obliged to put them in which was very much in their favour. The batsmen who opened up the match were Rev. A. J. Druce and F. Dalgety who by steady play pulled the score up to 25 before the 1st wicket fell. The fielding on the part of Guy's was very loose, thereby contributing to the score of their opponents who made 157 runs, the last batsmen being as good as the first, as will be seen by the score.

Guy's began batting with R. S. Taylor and H. W. Phillips. Phillips after making 4 was bowled by Craig (1 wicket for 6). J. H. Earle then joined Taylor, but having to play to slows he could not resist the temptation to run out at the balls and was easily stumped, the batsman standing about midway between the wickets. Wallis played a good innings of 20, not out. Gray played well for 19, being bowled by the slow bowler, against whom our men could not stand. P. Gray's analysis in the 1st innings was excellent—20 balls, 4 runs, 2 maidens, 4 wickets, having taken 4 wickets in one over. However we managed to pull together 64 runs, and then followed on, making 45 runs in the 2nd innings.

Although we lost the match a more enjoyable day has not been spent by the Guy's Eleven for many a day. The weather was everything we could wish, the ground picturesque, our opponents most genial and jolly, and our captain showed that spirit of liberality and kindness for which he has long been known. The Guy's Eleven (or rather Twelve including the humble scorer) was entertained at Mr. Gray's house with a most tempting and liberal luncheon, to which the young sawbones did ample justice, one and all having spent a most happy day.

The following were the scores:—

CHARLTON PARK.

First Innings.

Rev. A. J. Druce, b Earle	10
F. Dalgety, c Rendall, b Lt. Taylor	33
B. Gray, b Wallis	10
S. Wontner, run out	1
A. Fairlie, b St. Taylor	1
Boothby, b Earle	23
M. Gray, b Earle	3
S. Clarke, c Earle, h Davenport	21
A. Burnett, c Gray, b Lt. Taylor	6
P. Gray, b Earle	27
R. Fielding, not out	14
Byes 6, 1-b 2, w 1	9
Total	157

GUY'S.

1st inn.		2nd inn.	
R. S. Taylor, c Wontner, b Craig	7	b Craig	6
H. W. Phillips, b Craig	4	b Craig	4
J. H. Earle, st Boothby	0	st Boothby, b Craig	2
P. E. Wallis, not out	20	b Craig	1
W. Gray, b Craig	19	b P. Gray	1
R. Steele, b. Craig	1	thrown out	8
H. Stevenson, c Druce, b Craig	4	c sub. b. Craig	0
A. Rendall, c Fairlie, b Gray	6	c and b Craig	8
J. Reader, c Gray	0	not out	12
A. Davenport, b Gray	0		
C. Everest, b Gray	0	b Gray	0
Byes 1, no balls 2	3	Byes 1, wide 1	2
Total	64	Total	45

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[TWO PENCE.]

THOUGH the Physical Society has only recently completed what was on the whole a very successful season, we wish thus early to address a few words to those who intend on some future occasion to read papers. It has hitherto been a matter of some little difficulty to get a sufficient number of men to promise to read; but this we submit ought not to be the case. Probably it to some extent arises from a feeling of diffidence—men do not like to push themselves before they are asked. If such be the case let them put aside all feeling of this sort. The names of volunteers will be gladly received; and this the more especially since the good custom has been inaugurated of publishing a list of papers previous to the opening of the Session. We doubt if we are much too early in calling attention to the subject, for we are sure the custom more often prevails of promising a paper and then choosing a subject, than the reverse; and we think this ought not to be so. Most men who will read papers will probably have had some latent idea of doing so for some time, and it is impossible but that the observant student should have met with some subject in the course of his reading which he would like to work out thoroughly; and this is just his opportunity. We know that there is an idea that something new ought to be introduced, some matter of the reader's own. This we believe to be unnecessary; for discoveries are not now made by chance, but are the result of long and patient work. We are sure there are many subjects, which well and patiently worked out will both repay the reader for his toil, and prove of great benefit to members of the society who are unable to pay special attention to them. And here we may give a useful hint. Tickets to the library of the British

Museum are easily obtained, and there almost any work can be consulted.

Another thing we should like to say is, let the junior men have no excuse for not joining in the debates; let us have plenty of Anatomy and Physiology next session, there are few subjects that provoke a better discussion than the latter. Finally we wish men would look upon the reading of a paper more as an honour than as a necessity, or because it is the thing to do; let them look to the Physical Society in the abstract, and let personal considerations be banished. Let members strive together with the presidents to maintain the dignity of an institution which is a credit to the School. We trust next session the difficulty will not be in getting a sufficient number of papers promised, but rather in limiting the number of would-be readers.

NOTES ON HISTOLOGY.

(From DR. PYE-SMITH'S "*Demonstrations of Practical Physiology.*")

Continued from Page 51.

NERVOUS STRUCTURES.

These, as you know, may be put under three physiological heads—the peripheral *end-organs*, receptive and discharging; the conducting *nerve-fibres*, afferent, efferent, or commissural; and the central *ganglia* (cf. Vol. iv., No. 8, p. 60). We have already examined the structure of the nerves, and must be content with a single example of the histology of an end organ and a centre.

Pacinian Corpuscles.—Take the mesentery of a cat, with as little fat as possible, and, holding it up to the light, you will see minute oval bodies placed along the nerves which run to the gut. Cut out a piece and examine it in salt solution with an inch objective. You will make out without difficulty the thin fibrous tunic of one of these pacinian bodies, the space under it, the successive layers of dense connective arranged like the coats of an onion, or those of the lens, the nerve fibre where it joins the corpuscle and its prolongation within. Now treat the preparation with acetic acid, and use a higher power. You will then see the nuclei in the layers, the axis cylinder losing its myelin, and running straight up through the axis of the corpuscle till it ends in a blunt expanded bulb, while its neurilemma (primitive sheath of Schwann) becomes continuous with the tunic of the corpuscle. If there is much adipose tissue about, you must soak the preparation in ether. Carmine does not stain to great advantage: chloride of gold is the most valuable re-agent to use. You will sometimes find a single nerve fibre passing through one pacinian body, and ending in a second.

Spinal Cord.—Cut transverse sections, as nearly complete as possible, from short pieces of calf's cord, hardened in spirit. You will readily see, under an inch power, the covering of pia mater, with the fibrous prolongations it sends in, carrying blood-vessels to the medullary grey matter; also the anterior and posterior cornua, their grey commissure, and the central canal, the anterior and posterior fissures, and the anterior, lateral, posterior, and median-posterior columns. The white matter will, by transmitted light, of course look darker than the grey; anything, like milk or myelin, which reflects much light, will transmit little, and *vice versa*. While a good section is staining with carmine, cut another as thin as possible of at least the central parts of the cord. Under a higher power you will see in the grey matter the ganglion corpuscles *in situ*, especially the large translucent, multipolar cells of the anterior horn; in the cortical substance a multitude of ascending and descending fibres cut across; in both, the granular-looking fine connective called neuroglia, and in the central canal the columnar epithelium, which once covered the back of the embryo as epiblast, and by its involution formed the so-called "medullary" groove, out of which spinal marrow and brain were both developed. You will find you can cut thinner sections from cord hardened in chromic acid or, better, in chromic acid and bichromate of potash. Small pieces of cord, or brain, should be put in a mixture of 1 part of acid and 2 of the bichromate to 1000 of water, afterwards changed for a solution of two to four times the strength. The object is, not to harden the outside before the deeper parts. But these are apt to be brittle, so that it is not easy to get them large, and they do not stain so perfectly with carmine, even after soaking in alcohol and clearing with turpentine or oil of cloves. Those of your chromic sections which are not worth further preparation and mounting will give excellent results if pulled to pieces with needles in a drop of water. You will then find the ganglion cells more or less completely isolated by tearing, and will sometimes be able to follow one of their tails until it becomes continuous with the axis of a nerve-fibre. Under a high power notice the large size of these cells, their pear-shaped, fusiform, triangular, or stellate outline, according as they are uni-, bi-, tri-, or multipolar, and their large, roundish, bright nucleus and nucleolus. In the posterior horns they are smaller than in the anterior, and are also small in sympathetic ganglia.

The Voluntary Examinations for the hospital prizes will take place next month.

TWO RAPIDLY FATAL CASES OF DIPHTHERIA PRECEDED BY A FATAL CASE OF BLOOD POISONING.

The following cases of diphtheria may be interesting, as they are examples of a disease which rarely finds its way into hospital practice, and which offers a contrast to the commoner cases of croup so often seen in the wards.

The first case is related from its possible connection with the others.

A. C., aged 3 years 4 months, had complained of a sore thumb for a week or two, which gathered, and when first seen on May 24 there was a considerable quantity of pus found in subcutaneous tissues of the thumb, the hand was red and swollen, and there was an erythematous blush for some distance up the arm. The thumb was freely opened and poultices applied.

The following day the inflammation had passed up the arm as a red band, the axillary glands were swollen. The child was sick and feverish.

On the 26th pus had collected subcutaneously. There was a continuous red blush from the hand to the axilla, and then down the chest wall for some inches. The constitutional disturbance was severe, vomiting continually.

On the 27th the child was sleepy, there were blue patches amid the inflammatory redness on the chest wall, and there had been retention of urine for 24 hours. The breathing was hurried and the child died at noon, possibly from the lung or pleura becoming involved in the inflammatory process.

There were three other children in the house; a baby in arms, a boy of 5½ years, and a girl of 6½ years of age.

On May 31st, four days after the girl's death, the little boy was taken ill with a swollen throat after having attended his sister's funeral in the afternoon.

There was a swelling near the angle of the jaw on the left side involving apparently some glands and the surrounding subcutaneous tissues. Nothing whatever was observed inside the throat, but there was a good deal of puffiness outside, the child's temp. was 100.2, he had been sick and was evidently ill. The parents were anxious, and I endeavoured to allay their fears by saying perhaps the child had caught cold.

June 1.—The child had passed a restless night, vomited his wine and milk and wandered at times. The puffiness and swelling had passed round to the opposite side. The tonsils were slightly swollen but uncoated, but at the back of the pharynx there was a tough yellow secretion. The throat was painted with solution of nitrate of silver, and it was to take wine and beef tea, but the vomiting was troublesome and the breath fetid.

June 2.—The child had been delirious during the night, had vomited, temp. 101, pulse 120. The tissues round the neck were immensely swollen, the tonsils much enlarged but no membrane anywhere to be seen, vomiting continued and the child was evidently weak and ill. The nature of the disease became more apparent, and though the question of scarlatina was not quite decided, yet it appeared probable it was suffering from diphtheria, although no diphtheria had been in the neighbourhood for years and scarlatina had been prevalent a few doors off. In the evening matters were much the same.

June 3.—All doubt as to the nature of the disease had disappeared, the subcutaneous tissues of the neck and chest were immensely swollen and more or less red. The swollen

tonsils met in the middle and were covered with yellow tough membrane which bled on removal. Pus and blood issued from the nose, the nasal membrane was yellow, the breath was extremely foul, the face blue, and the child sleepy, cold, and pulseless. It died at midday. In all, the illness lasted three days. During the last 24 hours no urine passed, unfortunately some, passed the previous day, was lost.

On June 5, two days after the death of the boy, a summons came to say that the girl, aged 6½ years, was ill. It appears she had gone to bed tolerably well the evening before, but during the night found she had a sore throat and was feverish. On seeing her in the morning it was not only apparent what the disease was but also its fatal nature. She was sitting up in bed breathing freely, but keeping the mouth open, face flushed, t. 101.7, p. 140. The glands at the angle of the jaw were slightly swollen and neck somewhat puffy. Both tonsils were enlarged and on one there was a white patch of membrane half an inch long, and another on the uvula. The nostrils were sore and mucus mixed with blood ran from them. There was no albumen in the urine. The throat was painted with liq. ferri perchlor, the membrane coming away, and beef tea, milk and wine ordered to be taken every hour. The patient seemed to rally a little during the day, no more membrane formed, and by evening the temperature fell to 101 and pulse 120. The child however was sleepy but roused easily.

June 6, 10 a.m.—False membrane formed in large patches over tonsils, uvula, and pharynx. Temp. in axilla 103, feet and hands cold, child very sleepy and somewhat blue, no pulse to be felt. Child died at 12 noon, somewhat less than 36 hours after first seizure. There was no urine passed during the last 24 hours.

The most important point in connection with the first case of diphtheria was, ought the disease to have been recognised when there was only swelling externally and no membrane to be seen? To distinguish between a common inflammatory sore throat, an affection which one sees almost daily, and a disease which may kill in a few hours, and which is comparatively rare, is obviously of the greatest importance. There must be a time in the history of both diseases when it is next to impossible to distinguish them. I must confess in the first case I saw the child twice without recognising the serious nature of the disease, thinking rather of common inflammatory sore throat or scarlatina, and only suspected diphtheria within 24 hours of the fatal issue. The most diagnostic points in such a case would be the glandular swelling in the neck, accompanied by infiltration of the cellular tissue, foetor of the breath, and general constitutional disturbance. These were all marked on the second day. Although no false membrane was to be seen and indeed very little swelling of the tonsils, possibly membrane may have formed out of sight. In the second case, even a few hours after the seizure, no one could have failed to recognise the malady. Membranous formations at any rate within sight may form early or late in the disease. Thus in one of the cases I have named it was only to be seen on the day of death; whereas, on the other hand, I have seen a patient walk into a consulting room, complaining of a sore throat, with large patches of diphtheritic membrane on his uvula and tonsils, and followed by a mild attack of diphtheria. The exact relation of the case of blood poisoning to the diphtheria that followed is difficult to say. As far as I can make out there has been no diphtheria in the immediate neighbourhood for years. There was nothing specially insanitary about the house. The water was good and plentiful. The closet outside the house. An outhouse sink

communicating with a cesspool apparently without a trap was the most suspicious circumstance. Unfortunately no P.M.'s could be obtained.

HENRY ASHBY.

Operations.

Depressed fracture of the Skull.—Operation.—Death.

H. W., aged 50, a labourer, while at work on the afternoon of Tuesday, June 1st, was struck on the right side of his head by two railroad metals, which fell from a height of 12 feet. He was rendered insensible almost immediately after. He was admitted into the hospital at 3.30 p.m., or three-quarters of an hour after the accident, with considerable hæmorrhage from the nose (there was no bleeding from the ears). There was a clearly-depressed fracture of the right side of the skull, a sharp ridge of bone, about three inches in length, could be felt running along the lower border of the depression. In the right parietal region this extended for some distance forwards towards the right orbit. There was paralysis of the left side of the body; respiration appeared to be carried on by the right half of the chest only. The left pupil was contracted, the right less so, but irregular in outline. There was no sub-conjunctival ecchymosis present, but the parts around the left orbit were swollen and discoloured. His pulse was 102 per minute. The temp. of the right side was 95.2°; of the left, 96°. Resp. was 16 per minute, and laboured; expiration was much prolonged. Reflex action, on tickling the feet, was in excess on the right side, but diminished on the left. At 3.45 p.m. patient was placed on the operating table. P. 104, R. 20. Mr. Clement Lucas made a long incision over the line of fracture, and a shorter transverse one and dissected up the flaps. The bone was found to be comminuted and depressed. Four large triangular pieces, and several smaller pieces of bone were removed from the right parietal and temporal regions, by means of the elevator. A small point of bone had slightly wounded the dura mater, but did not penetrate the brain. There was a fair amount of hæmorrhage, which, however, stopped in a short time. A branch of the middle meningeal artery was seen lying intact on the dura mater.

After the operation the patient seemed a little better and moved his left arm slightly when pinched. P. 120, T. 98.4. Resp. 24. Wet lint was placed over the wound and a bandage lightly applied. The head was kept cool by means of an ice bag, an injection of soap and water was next given, and the bowels well cleared out. At 5.30 p.m. he was restless and groaning. P. 120. T. of right side 96.9, of left 98.5. At 6.30 p.m. P. 134. T. of right side 99.8, of left 99.0. At 7.50 p.m. there was some sub-conjunctival ecchymosis, noticed for the first time, at the outer side of right eye. P. 125. T. of right side 101.0, of left 100.2. At 9 p.m. appeared to be conscious of the presence of his wife and sister, as he grasped the hand of first the one and then of the other, saying "Oh, dear me," as if in pain. P. 132. Temp. of right side 101.0, of left 100.0. At 10.20 p.m. swallowed a little iced milk and had 5 grains of calomel. P. 100. T. of right side 100, of left 100.8. At 11.20 p.m. had some more bleeding from the nose, moved left arm and leg slightly, could feel when left foot was touched, as he attempted to push away the offending hand with his right foot. P. 146. T. of right side 101.3, of left 101.4.

2nd.—12.30 a.m. General condition much the same. P. 137. T. of both sides of the body was 101.9. Resp. 33. At 1.40 a.m., P. 134. T. of right side 101.8, of left 101.9. Resp. 40. At 2.50 a.m. P. 131. T. of right side 101.5, left 101.2. Resp. 40. At 9 a.m. passed his urine this morning in bed. Resists less when his eyelids are lifted up, left facial paralysis well marked, general condition about the same. P. 131. T. of right side 101.7, of left 101.6. Resp. 37. At 10 a.m., P. 134. T. of both sides 102.4. Resp. 40. 11.15 a.m. P. 127. Temp. same on both sides, 102.8. Resp. 40. 12.15 p.m. not quite so restless, swallowed some more milk. P. 140. T. of right side 103.0, of left 103.4. Resp. 44. At 1.15 p.m. P. 175. T. of both sides of body 104.0. Resp. 44, was quieter. At 2.15 p.m. was trembling a good deal. P. 174. T. of right side 104.2, of left 103.9. Resp. 48. At 2.45, irrigation of the head with ice cold water was commenced. At 3.15, P. 175. T. of right side 104.2, of left 103.8. Resp. 42. The character of the breathing has somewhat altered, the inspiration being more prolonged than the expiration. At 5.20 there is slight facial paralysis present. At 6.45 p.m. was groaning, breathing weaker, has passed urine twice during the day. At 7.45, P. 169. T. of right side 105.6, of left 105.0. Resp. 48; was trembling again. At 8.50 p.m. P. 160. T. of right side 105.5, of left 105.2. Resp. 46. At 10 p.m. P. 152. T. of right side 105.5, of left 105.0. Resp. 50. At 11.10 p.m. P. 147. T. of right side 105.5, of left 105.1. Resp. 50.

3rd.—12.20 a.m. P. 141. T. of right side 105.0, of left 105.0. Trembling severely and groaning, little or no reflex movement when left foot is tickled. 1.30 a.m. P. 156. T. of right side 105.2, of left 104.2. Resp. 52, inspiration and expiration short and of equal length. At 2.55. P. 155. T. of right side 103.9, of left 104.0. Resp. 52. At 8.50 a.m. P. 156. T. of right side 102.6, of left 102.8. Resp. 50. General condition during the last six hours has not altered to any great degree, there was very slight reflex action on tickling left foot. At 10.25 a.m. P. 144. T. of both sides 103. Resp. 48. At 1.5 p.m. P. 168. T. of right side 104.6, of left 104.7. Resp. 49, trembling a good deal. At 3.15 p.m. P. 165. T. of right side 105.2, of left 105.0. Resp. 43. At 5 p.m. head was dressed, wound was looking quite healthy, moved left hand and arm slightly, was perspiring. At 5.45 p.m. had an injection of beef tea, half a pint, which was retained. 7.25 p.m. P. 168. T. of both sides of the body 104.8. Resp. 46. General condition much weaker. At 10 p.m. P. 162. T. of right side of body 104.2, of left 104.2. Resp. 42, somewhat catching in character.

4th.—12.30 a.m. P. 168. T. of right side 104.2, of left 104.4. Resp. 42, left pupil more dilated. At 3 a.m. P. 152. T. of both sides 153.8. Resp. 53. At 9.20 a.m. P. 170. T. of both sides 103.1. Resp. 49, breathing quieter, but feebler. 10.30 a.m. Beef tea injection. 12.50 p.m. P. 150. T. of right side 103.2, of left 103.6. Resp. 52. Pulse scarcely perceptible at wrist. Had a brandy injection at 1.30 p.m., legs rather purple. At 3 p.m. P. 120. T. of right side 104.5, of left 134.7. At 4.10 p.m., time of death, T. was 105, there was no rise of temperature after this.

Post-mortem Examination.

The fracture was found to extend into the middle fassa of the skull, and appeared to terminate in the sphenoidal fissure. There was some blood outside the dura mater at the seat of injury, and also a small quantity beneath. The base of the brain was considerably bruised at the right side, and slightly on the left and posterior part by *contre-coup* (the

injury being on the right and anterior part of the head). The rest of the brain was quite healthy, and there was but slight inflammation of the brain-membranes.

TUESDAY, JUNE 8 th.

Mr. Forster operated on a girl (aged 13) who had a dentigerous cyst of the superior maxilla. The right side of the face had been gradually increasing for 18 months, causing little pain. When first admitted there was a large cyst underneath the mucous membrane between the cheek and alveolus; this was opened, when a straw-coloured serum escaped, a probe was then passed into a large cavity, evidently the antrum. The next day the cavity filled with pus and continued to discharge.

The right lateral incisor, bicuspid, and canine are absent. The temporary molar, which was loose, was extracted, and it is probable that the bicuspid has absorbed the roots of the molar and will come down. This leaves two teeth to account for. There was a bulging of the palatal process into the mouth which indicated growth.

Operation.—A portion of alveolar wall was removed, and the finger introduced into a large cavity, from this an irregular mass was removed which looked like the tooth. A probe was next passed into a great orifice in situation of lateral incisor; this led to a cavity separate from the other, and on being opened another tooth was found. The swelling has greatly diminished since the operation.

FRIDAY, JUNE 11th.

Mr. Forster excised a patch of lupus from the neck of a girl, aged 11. It had been cauterized many times without a cure. The edges were brought together by catgut sutures and wet lint was then applied.

The next operation was for the removal of an epulis from the upper jaw of a boy aged 11 years. The tumour was said to have existed three years. It was situated on the left side, between the central and left lateral incisor teeth, displacing the latter tooth considerably outwards; the left canine was seen coming down to the upper and outer part of the growth. Chloroform having been administered, and the mouth kept open by means of a gag, Mr. Bryant made two lateral sections with a saw, through the alveolar process, including the central and displaced lateral incisors. The removal of the growth with a portion of the alveolar process was effected by means of the bone forceps. The root of the central incisor tooth was found to be much expanded, and covered with a soft tissue.

Mr. Bryant next removed a large piece of necrosed bone from the femur of a boy aged 10 years. The disease was said to have been due to an injury received 12 months back. The sequestrum was removed in two portions, and corresponded to the lower part of the shaft of the bone.

Mr. Howse tapped a knee joint. The patient 2 months ago struck his knee but had no acute symptoms till the last 3 weeks. The joint on admission was greatly swollen and contained much fluid, but was not red or tender, Esmarch's bandage was first applied to the joint so as to compress the fluid towards the outer side, which was left exposed, and a large sized trochar was introduced. About 6 oz. of a yellow serous fluid escaped containing flakes of lymph. A pad of gauze was applied to the puncture and the knee put on a back splint. The carbolic spray was used during the operation.

SATURDAY, JUNE 12th.

A lipoma was removed by Mr. Amplett. (Mr. Durham's dresser), from a man *æt.* 56. It was situated on the left of median line opposite 4th dorsal vertebra and had been growing for 12 months. The tumour was freely moveable over deep structures and not adherent to skin. A curious feature in this patient was, that he has ruptured biceps of arm on both sides, there is no history of an accident but he is continually working a hammer weighing 15-17 lbs.

MONDAY, JUNE 14th.

Three cases of strumous disease of joint (one of knee, another of knee and wrist, and the third of ankle) were treated by Mr. Durham, by laying open the joints and stuffing them with lint soaked in a solution of strong sulphuric acid and water, (one part in two.) 1st case C. C., *æt.* 4½, 9 mos. ago his right knee first pained him, has been increasing in size ever since. On admission the right knee is considerably swollen, the patella raised, and outline of joint lost, not fluctuating but semisolid in character. Some movement of joint and not much pain. Chloroform being given, and Esmarch's bandage applied, two incisions were made parallel to the long axis of the patella about 2½ inches long and the joint opened, some puriform fluid escaped and a lot of pulpy material scooped out with the finger, a small sequestrum of bone was removed from tibia, the lint soaked in the solution was then passed in and a few vessels twisted. The wound was dressed with oakum and the limb put up on a back splint with interruption slightly flexed. 2nd case G. S. *æt.* 7, five mos. ago a small lump appeared on radial side of dorsal surface of wrist, about the same time the knee began to swell. On admission the outline of knee is lost, the swelling is most marked on inner side, it does not fluctuate, and appears semisolid, the veins are very prominent over swelling; there is a swelling over the dorsal surface of wrist the size of a hen's egg, it is tense and fluctuates freely, has been very painful the last fortnight. Chloroform being given the knee was treated in exactly the same way as the last case, the bones were not affected. An incision 3 inches long was made over swelling on wrist and some puriform fluid let out and the cavity stuffed with the lint soaked in the solution, the wound was dressed with oakum, and the forearm put on a straight splint and bandaged. The disease appeared to be in the carpo-metacar-pal articulations.

Case 3. E. S. *æt.* 4½, about six months ago received a blow on left ankle, a fortnight after this she walked lame and the ankle began to swell. On admission there is a swelling the size of a small orange beneath external malleolus, it extends across the front of the ankle joint and appears beneath internal malleolus. There is distinct fluctuation, the skin is red over swelling and there is great pain on any movement of joint. Chloroform being given and Esmarch's bandage applied, incisions were made on either side of ankle joint, letting out a quantity of pus and pulpy material and the cavity stuffed with the solution, there was no bleeding; the wound was dressed with oakum and the limb placed on a back splint with foot piece. Mr. Durham remarked that the result from this operation was an ankylosed joint flexed at a slight angle (in the knee) without any shortening, which is better adapted for walking than a straight one as obtained after excision. There is also very little constitutional disturbance.

TUESDAY, JUNE 15th.

Mr. Howse brought a case of pulpy disease of knee joint into the theatre. The history dates from last December and she has been in the hospital the last 3 months, during which time it has been getting worse, notwithstanding treatment. There was fluctuation perceptible and Mr. Howse determined to remove the fluid by tapping the joint. He did the operation precisely in the same way as the one on Friday and a quantity of thick purulent fluid escaped.

We are indebted to Mr. Burton for the report of Mr. Durham's operations.

General News.

On July 8th the examination for the Medicine Medal will begin. On the 9th that for the Surgery Medal. On the 20th that for third year's prizes. And on the 22nd those for first and second year's prizes.

UNREGISTERED SHIP-SURGEONS.—On the motion of Captain Pim, a return has just been presented to the House of Commons "of the names, ages, and nationalities of persons who have served in the British Merchant Service during the last two years as surgeons whose names do not appear in the Medical Register." The intention of the hon. member in asking this information was obviously to expose the gross abuse which is prevalent of sending crews to sea without any competent provision for their medical care in case of illness. If this be Captain Pim's object the return before us not only justifies him in asking for the information, but establishes beyond a doubt the fact that a most scandalous state of things exists in regard to the medical service of the Merchant Navy, and that an illicit practice is carried on under the guardianship of the law at the expense of our seamen, and under circumstances which leave them altogether without protection against incompetency of the *soi-disant* ship-surgeon. It appears from the return that there are as many as 228 unregistered persons acting as ship-surgeons in our Merchant Service. It does not, of course, follow that because they are unregistered they must be unqualified. The office of ship-surgeon is not one of those which the Medical Act prohibits an unregistered person from holding, and, if it were, the Medical Council is sufficiently negligent in enforcing registration to allow of many unregistered practitioners holding public medical offices contrary to the law. The ages of the ship-surgeons in Captain Pim's return show, however, that in many instances registration is impossible, and it may fairly be assumed that in the great majority the persons who, being unregistered, take medical charge of ships, are not registered because—being unable to obtain any legal qualification—they are driven to accept the only medical responsibility which the law permits them to hold. Of the 228 names in the list 77 are of persons who state their ages under 25, and 16 of ages under 20. It is not improbable that such persons rather overstate their years in making such returns, and it may therefore be reasonably concluded from these figures that the charge of our merchant seamen is to a great extent in the hands of unqualified and semi-competent men. If we had a tribunal with any earnest disposition to adjust the affairs of the profession which require their interference, we might hope that this state of things would be speedily remedied. Having only the Medical Council or the Board of Trade to look to, we assume that nothing will be done.—*Medical Press and Circular.*

We greatly regret that we are unable this week to fulfil our promise of continuing Dr. Braxton Hicks's Lectures on Midwifery. We hope to have them very shortly.

There are three vacancies for House Physicians, and three for House Surgeons, which will be filled up this month.

Gentlemen wishing for hospital appointments, commencing on September 1st, are requested to make application in the Medical School Office between the hours of 10 and 12. No application can be received later than Saturday, June 19th.

COLLEGE OF SURGEONS OF ENGLAND.—Professor Turner's lectures on the Comparative Anatomy of the Placenta were commenced on Monday. The Syllabus of his course comprehends : 1. Development, Form, and Structure of the Chorion ; Structure of the Mucous Membrane of the Unimpregnated Uterus. 2. Changes which occur in the Uterine Mucous Membrane during Pregnancy ; Structure of the Diffused Placenta ; Structure of the Polycotyledonary Placenta. 3. Structure of the Zonular Placenta.

At the preliminary examinations for the diplomas of Fellow and Member of the College, commenced on Tuesday week, at Burlington House, by the Members of the College of Preceptors, no less than 312 candidates presented themselves for examination, of whom 85 for the Fellowship and 227 for Membership.

Obstetrics.

PUERPERAL EPILEPTIFORM CONVULSIONS.

J. C., æt. 24, was delivered of her second child on May 30th, at 6 p.m., about 7 p.m., had a fit described like epileptic ones, when seen by the Junior about 9 o'clock, the temperature was normal, pulse 88. She seemed sleepy, but as she was rational and very hyperæsthetic the fits were regarded as hysterical. No urine could be obtained at this time.

At 5 p.m., on the 31st, the Junior was again called as patient had been in 8 fits since midnight. On arrival she was found to have bitten her tongue severely, and almost immediately had a characteristic epileptic fit. Chloroform was immediately administered and the Senior and Dr. Galabin sent for ; Dr. Galabin advised that the inhalation should be continued for some time. The urine was drawn off at this time and found to contain over $\frac{3}{4}$ albumen, numerous granular casts, T. 101° p. 110. A sphygmographic tracing was taken by Dr. Galabin, patient was then allowed partially to come to and another tracing was taken, this latter showed a great increase in tension over the former.

Chloroform was continued, at 7 a.m. T. was 100.3 P. 100. At 7.15 the chloroform was discontinued, it having been given for about 2 hours. One and a half minims of croton oil were given.

Patient had no more fits. At 8.15 a.m. T. 99.8 P. 96.

Twenty grains of chloral and 20 grains of bromide were given.

At 10 p.m., bowels acted freely, T. 98.4, P. 84. No more fits, dozes at intervals.

June 1st, T. 98.8, P. 88.

No casts. No return of the fits. Albumen diminished to 1/10.

5th, Still a trace of albumen.

7th, Is up to-day—feels well. Urine could not be obtained.

Patient had never had fits previously, nor œdema of any part of the body.

Ann Pick, a swarthy-looking woman who had gone her full time, was seized with labour pains at midnight, on May 31st, this being her third confinement. Her first child was still born, the second survived only a few months. Had been subject to fits when a child, but they never returned until four months before present confinement, when she had them very severely. States that her legs have been swollen and veins prominent. About 7.30. p.m., on the following day the Junior in Charity was sent for, who ascertained that the pains had continued slightly but regularly from the above mentioned period to the time of his visit, and was told by patient's friends that she was just recovering from a fit, and that she had had several in the course of the day, during which she was much convulsed, became black in the face and watered at the mouth.

Upon Examination the patient was found comatose, pupils sluggish and somewhat contracted, no œdema of legs and feet. Face of a dark purple colour, fingers ends and nails blue. Uterine and vaginal passages were well moistened with secretion and not tender, pelvis normal, os dilated to about size of a half-crown, moderately dilatable, membranes entire, and vertex presenting, at 8 p.m., T. 100.4 P. 136. After waiting three quarters of an hour Dr. Galabin was sent for and patient kept slightly under the influence of chloroform for about one hour and half. At 9.30 p.m., just before inhalation temperature went down to 99.8 and p. to 120. At 11 p.m., after inhalation T. 98.8 P. 112. Then patient regained consciousness and got out of bed. The os at this time still remained unexpanded, but a few minutes later on was found to have suddenly become fully dilated, the head being well engaged in the pelvis, and in ten minutes afterwards the child was expelled still born, closely followed by afterbirth, the labour terminating naturally. The uterus remained well contracted and no hæmorrhage followed. Urine drawn off by catheter, during labour it was of port wine colour, became almost solid by heat and contained blood cells and numerous epithelial casts. Ordered chloral hydral grs. xx., h. s. s.

June 2nd. No recurrence of fits, and has passed a good night. Seems drowsy, but able to answer questions although unaware of what has transpired. Tongue furred but moist, Lochia normal, abdomen not tender. Uterus well contracted T. 99.2 P. 96. Urine of pale straw colour, albumen much diminished in quantity.

3rd. Is quite sensible, complains much of after pains, abdomen rather tender, ordered hot fomentations, castor oil and mist. anodyn. Urine pale, albumen settles down to about one quarter, numerous epithelial and granular casts.

4th, Morning T. 100 P. 100 ; E. 100.6 P. 100. Castor oil operated freely, abdomen less tender, tongue clean and moist, is perfectly sensible and able to answer all questions rationally, albumen in urine reduced to a trace.

5th, Has slept well, M., T. 99.4 P. 88 E., T. 99.8 P. 96

6th, T. 99.4 P. 100. Urine sp. gr. 1010 trace of albumen. Has had no fits since delivery.

7th, Quiet night, M. T. 99.4 P. 82 E., 99.6 P. 80. Ordered boiled mutton.

9th, Is still improving, T. 99.6 P. 84, Urine 1010 slight cloud of albumen.

13th, Gets up every day.

We are indebted to Messrs. Ferrier and Evans for the above reports

The Wards.

MEDICAL.

The following cases were admitted between June 2 and June 9 :—

ADDISON.—39. Morbus cordis, mitral regurgitation. 31. Chronic gastritis. 33. Hemierania, climacteric.

BRIGHT.—2. Acute gastritis. 13. Chronic renal. 23. Phthisis. CLINICAL.—3. Colic. 5. Gravel. 6. Pleuro-pneumonia, phthisis(?).

7. Hydatid of liver. 8. Dysphagia, aneurism(?). 10. Hæmaturia. 12. Scarlatinal nephritis. 23. Acute rheumatism. 24. Facial erysipelas. 27. Gastric ulcer. 28. Diphtheria.

MARY.—20. Epilepsy. 19. Chronic rheumatism. 17. Phthisis.

PHILIP.—4. Gonorrhœal rheumatism. 13. Lead poisoning. 15. Aortic and mitral disease. 18. Acute phthisis. 23. Cirrhosis, ascites. 25. Sub-acute rheumatism. 28. Lead paralysis. 32. Malignant disease of liver—death. 33. Enterica. 34. Sciatica. 36. Night terrors. 48. Podagra.

STEPHEN.—33. Aneurism(?). 41. Sciatica. 37. Morbus cordis, dropsy. 20. Bronchitis, dropsy. 4. Partial paraplegia. 1. Bronchitis. 6. Phthisis.

SURGICAL.

The following cases were admitted between June 2 and June 9 :—

ACCIDENT.—3. Fractured tibia and fibula. 9. Scalp wound. 17.

Fractured ribs. 24. Ear bitten off by horse. 29. Contusion of leg.

31. Compound comminuted fracture of leg.

CHARITY.—5. Injury to hand. 23. Suppuration about fore-arm.

CORNELIUS.—1. Fractured thigh. 5. Scalp wound. 9. Fractured

tibia. 12. Fractured tibia. 14. Fracture of thigh and of lower jaw.

16. Ruptured urethra.

DORCAS.—8. Ulceration of rectum. 9. Ulcer of leg.

JOB.—6. Ulcer after burn. 15. Synovitis of left shoulder. 18.

Periostitis of femur.

LAZARUS.—5. Calculus vesicæ—lithotomy. 7. Stricture. 11. Epi-

thelioma of rectum. 14. Stricture—extravasation of urine—perineal

abscess—perineal section. 16. Lipoma. 18. Calculus vesicæ. 21.

Lipoma. 22. Necrosis of superior maxilla.

LUKE.—7. Morbus Coxæ. 8. Abscess over buttock. 11. Necro-

sis of tibia—(?) congenital syphilis. 12. Distortion of fingers and toes—

(?) gouty.

LYDIA.—6. Cystitis. 20. Ulcer of leg. 23. Adenoma of breast.

MARTHA.—1. Conical stump. 3. Carcinoma of upper part of

œsophagus. 5. Fractured tibia. 7. Laceration of labia minora. 16.

Ruptured liver—hæmorrhage from portal vein—death in two hours.

18. Lacerated wound of right leg—death from shock, patient being 98

years of age. 20. Adenoma of breast—removed. 22. Disease of hip-

joint. 26. Fractured tibia. 27. Disease of ankle-joint.

NAAMAN.—2. Stricture. 12. Synovitis (left knee). 14. Stricture

—perineal fistula. 16. Contracted knee—necrosis of tibia. 18. Syno-

vititis of right shoulder—suppuration about right wrist. 20. Ulcer

of leg.

[Owing to a pressure of matter last week, the foregoing cases were

compelled to stand over.]

MEDICAL.

The following cases were admitted between June 9th and 16th :—

ADDISON.—42. Infantile paralysis. 17. Osteo-arthritis. 27. Sub-

acute rheumatism.

BRIGHT.—13. Chronic rheumatism. 17. Functional paralysis.

18. Functional. 22. Acute rheumatism. 26. Ricketts.

CLINICAL.—1. Morbilli. 3. Phthisis. 13. R. Pleuro-Pneumonia.

14. Asthenic Pneumonia, delirium, death. 16. Constipation. 26.

Mitral disease.

MARY.—3. Brights disease. 4. Laryngeal phthisis. 14. Syphilis.

16. Bronchitis. 18. Incipient phthisis.

PHILIP.—14. Partial paraplegia. 19. Ague. 19. Sub-acute

rheumatism. 24. Rheumatism. 32. Phthisis, morbus cordis, death.

32. Rheumatism. 35. Erythema of legs. 40. Cephalalgia. 41. Aortic

and mitral disease. 49. Mitral disease, cerebral.

STEPHEN.—11. Phthisis. 21. Phthisis. 22. Acute nephritis. 26.

Acute nephritis. 31. Angular curvature.

SURGICAL.

The following cases were admitted between June 9th and 16th :—

ACCIDENT.—2. Fractured skull, depressed and communicated, trephining, death. 5. Concussion. 12. Pott's fracture. Punctured

wound of leg. 20. Lacerated wound of foot. 23. Concussion. 26.

Fractured femur. 29. Sprain of foot. Fractured jaw.

CHARITY.—14. Morbus coxæ. 16. Hare lip.

CORNELIUS.—5. Lacerated wound of leg.

DORCAS.—4. Epithelioma of tongue. 22. Fracture of tibia. 23.

Carcinoma mammae.

JOB.—Osteo-arthritis.

LUKE.—4. Hæmorrhoids. 7. Morbus coxæ. 12. Cystitis. 13.

Stricture. 20. Abscess in thigh.

LYDIA.—1. Fractured radius. 5. Fractured ribs. 15. Lupus non

exedens. 16. Ulcer of leg. 18. Necrosis. 24. Talipes equino-varus

MARTHA.—7. Enlarged bursa patellæ. 11. Periosteal abscess.

NAAMAN.—11. Needle run into foot. Ulcer of the leg.

Correspondence.

MEDICAL WOMEN.

TO THE EDITORS.

SIRS,—On the 29th ult. an article appeared in your columns on the medical education of women, which I think should not pass unnoticed. And, although you may feel strongly on the matter, I hope you will not on that account exclude from your columns a few remarks with which you may not agree.

You say "the argument that women desire to be attended by their own sex is founded on an assumption that is not true, and practically the case does not exist." This declaration, Sirs, is too sweeping. At least one case has come under my immediate notice of a lady suffering much in preference to seeking advice of one of the opposite sex. Did space permit I should like to speak of the other arguments you use, but they appear to me beside the mark. It may be true, as you say, that most women are constitutionally unable to give themselves up to hard study. But there are exceptions. I think that even you, Sirs, must admit that some women are morally, intellectually, and physically competent to enter the profession. Is it not then obviously unfair that those women who are able and willing to become doctors should not be allowed the same privilege as men in this respect?

I am not aware that women desire or ask for any allowance for what you are pleased to term "foibles and weaknesses;" they simply ask for fair play which, I cannot doubt, will sooner or later be given them.

I am, Sirs, yours truly, X.

Athletics.

On Saturday next the annual meeting of the Inter-hospital Athletic Club will be held at Lillie Bridge grounds, West Brompton, sports to commence at two o'clock precisely; and if the weather should prove favourable there will no doubt be a large and fashionable attendance. Admission will be by tickets only: these can be obtained from the hon. secretary at Guy's (Mr. H. M. Powell) before Friday next. Trains run frequently from Moorgate-street to West Brompton stations, or from any stations on the London, Chatham and Dover line. We would urge upon those men who will represent Guy's on the occasion to do their utmost to bring once again the challenge shield to our library.

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HOSPITALS

(See STUDENTS' JOURNAL, April 10th, 1875, page 105).

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Hospital



Gazette.

A Students' Journal of Hospital News, Medicine, and Surgery.

VOL. VI.—No. 9.]

SATURDAY, JUNE 26, 1875.

[TWO PENCE.]

WE beg to remind those of our readers who are quarterly subscribers that their subscriptions become due on the 1st of next month, and may be paid to any of the Presidents of the Physical Society.

We hope that gentlemen will endeavour to make the disagreeable duty of the Presidents as easy as possible by readily coming forward with their subscriptions, and that we may have next quarter a large increase in our number of hospital subscribers.

TODAY the ninth annual meeting of the United Hospitals' Athletic Club will be held at Lillie Bridge, and although we are not in a position to tell the strength of all the different hospitals, yet we can now form a better idea than we could a few weeks ago of our own chances of success. Candidly, then, we have very little hope of winning the shield. Until men at Guy's can be induced to come out in better form at our own sports than they did last week, we shall have very little chance of winning the odd event at Lillie Bridge.

It is true that the form displayed by the King's men at their own sports, of which we publish an account in another column, was by no means so good as we were led to expect. Beyond all question Howlett and Lewis are as good as ever, and the former will almost certainly win the 250 yards and quarter mile, and the latter almost as certainly the two miles, but none of the other men seemed particularly good. Some allowance must doubtless be made for the wet weather, but still the distances attained in the high and long jumps and in putting the shot were by no means first-rate.

We understand that St. George's have a man whom they

much fancy for the hurdle race, and Bartholomew's will most probably find a man to win the 100 yards, as they have done for the last two years. We ought to win the high jump, and to have a good chance for the long jump and putting the shot, but more than this we do not expect. The real contest will probably lie between King's and St. Bartholomew's, and although the chances are with the former, yet, if we are not to have it ourselves, we should like to see St. Bartholomew's take the shield this year, as King's had it last year.

IF all medical coroners were like Dr. Hardwicke, the sooner they were all replaced by lawyers the better it would be.

This gentleman has been holding a long inquiry into the death of a man, aged 47, who was found by a policeman lying on the pavement outside the door of a public-house, with a cut on his head which had been bleeding. The policeman assisted the man up, and, considering him to be in liquor, took him to the station, and charged him with being drunk and incapable. With assistance he was able to walk. He gave an incorrect address. The police surgeon saw him and said, "Put him on one side for a while, and if no better take him to the workhouse infirmary."

We are told that he was found "in the afternoon," and at six o'clock he was conveyed to the workhouse infirmary and attended by the surgeon. He then seemed very ill and emaciated, and was bleeding from a very severe scalp wound at the back of his head.

The man died, and the post-mortem showed that death had been caused by chronic inflammation of the membranes

of the brain, arising from injury to the head. The coroner said the case assumed a very serious aspect. He had on a previous occasion remarked that the medical treatment in such cases was atrocious, and he was not afraid to repeat the expression. The police also were much to blame. What the atrocious treatment consisted of we are at a loss to understand. The man was picked up outside a public-house door, and the fair inference was that he had been drinking. He was able to walk with assistance, and the best thing no doubt seemed to the constable to be to take him to the station and let the medical officer see him. This gentleman seems to us to have acted very judiciously in leaving him for a short time to see how he progressed, and then, finding that he grew worse, sending him to the infirmary. We read that he was picked up in the afternoon, and conveyed to the infirmary at six o'clock; not much time was therefore lost. What more could have been done?

It appears to us another instance of the complete want of judgment displayed by Dr. Hardwicke.

Medical Wards.

ADDISON'S DISEASE.

DEATH—AUTOPSY.

The following case was the subject of the Clinical Lecture lately given by Dr. Pye-Smith. Notes supplied by Mr. W. H. L. Welchman:—

Richard Evans, æt. 14. Father and mother living and well, both fair complexioned; two brothers dead, two brothers and one sister alive and healthy. The patient was never very strong when a child. After an attack of measles, he had ophthalmia, followed by internal strabismus of his right eye. Was twice run over above the knees, but on neither occasion does it appear that he was much hurt. Seven years ago he was in this hospital, for disease of the right ankle joint, when some dead bone was removed by Mr. Bryant. He cannot recollect when the present symptoms first appeared, but for some months past he has had headache, loss of appetite and sickness, with pain in the small of his back, and browning of his skin, and this discolouration has gradually increased. He has never had a cough. He attended as an out-patient about a month before admission, when the House-physician recognized the case as one of Addison's disease, and as soon as his parents would allow it, he was taken into the Clinical ward, under Dr. Pye-Smith.

On admission, March 31st, 1875, the following observations were made:—

The patient is rather small and thin for his age; hair, light brown; eyes, gray; has internal strabismus of his right eye, with myopia. His skin generally is of a brown colour, but the pigmentary deposit is much greater over the forehead, lower part of abdomen, penis, scrotum, and groins, down the spine, lumbar region, and over the buttocks. The browning is not so well marked in the armpits or around the nipples, but in the bend of the elbows, on the back of the

hands, and in the popliteal spaces, especially of the right leg, there is much deepening of colour. There is no line of demarcation between the darker and lighter parts, the change being gradual. The mucous membrane of his mouth is red, and on the inside of his mouth on the right side there is a patch of pigmentary deposit. His conjunctivæ are pearly, but not watery. He has some colour in his face, and his nails are red, not incurved. He is slightly made, and his muscles are soft and flabby. He has no enlarged glands anywhere. His right leg is atrophied and is much smaller than the left; behind the internal malleolus there is a deep cicatrix; the motion of the ankle-joint is limited, flexion and extension being permitted to a slight degree, but not rotation. His appetite is very good now, bowels regular, and tongue clean. He cannot retain his urine at night, and talks in his sleep. No pain on pressing his loins, or in his back; no sickness or headache.

Lungs, Heart, Liver, and Spleen, apparently normal.

Urine.—Sp. gr. 1020, pale, with some deposit; no albumen or blood.

Blood.—Under microscope, no increase of white corpuscles; rouleaux formed well.

Pulse.—120, weak and compressible; no venous murmurs. T., 98.4.

Diagnosis confirmed; no complication with phthisis. Meat diet. R Pil. Phosphori (Gerrard's) i. t.d. post cibum. sum. (Each of these pills contains one-twentieth of a grain of phosphorus).

April 7th.—Not so well. Some brown patches have appeared inside his under lip. Has headache and pain in back. Looks browner. T. 98.6. P. 114, feeble.

8th.—Slight sickness after food; headache and pain in back.

10th.—Much better. Feels giddy at times.

13th.—Some crystals of uric acid in urine. The sp. gr. is 1014: slight cloud with Tr. Gallæ. No blood or albumen. T. 98.2. P. 112.

21st.—Two or three small dark-brown, almost black, spots have appeared on his face and on the concha of his right ear.

May 1st.—The boy goes about the Park, and seems well. Dark pin's-head spots like those on his face have appeared on his arms and trunk, six or eight in all.

10th.—Neck and face darker; also the buttocks, genitals and back of hands. Fresh spots on forehead, and another dark stain inside upper lip.

18th.—A quarter of a grain of belladonna taken twice a day for his incontinence of urine, produced dryness of throat and malaise, with dilated pupils. Reduced to an eighth of a grain.

22nd.—Apparently well. No fresh symptoms.

23rd.—After a restless night, woke screaming with pain, referred to the head. After three hours (6—9 a.m.) fell into an unconscious state, with his eyes open, and sometimes rolling about in bed. At 2 p.m. the temperature was 96.2, and the pulse was almost imperceptible at wrist. Patient never rallied; died comatose at 7 o'clock. There had been no vomiting, and no convulsions.

May 24th.—*Sec. Cad.*—Body not emaciated. No recent disease about the ankle.

Lungs, Larynx, Thyroid, Heart, and Spleen, healthy. No caries of spine.

Brain.—Large, weighing 58 oz. Membranes of fissure of Sylvius adherent. Septum lucidum and fornix soft, probably from post mortem change. No tubercle, hæmorrhage, or other morbid condition.

Stomach.—Healthy; lenticular follicles more distinct than usual.

Intestines.—Healthy. Solitary follicles large, from duodenum to ileo-cæcal valve; not in colon.

Mesenteric Glands.—Large and pigmented; no caseous change.

Kidneys and Liver.—Healthy; the membranes about these organs thickened.

Thymus.—Rather large for the boy's age.

Both *Supra-renal Capsules* hard, nodulated and contracted.

On section a tough yellow cheesy mass, not broken down, presented itself, without any sign of the normal structure; tissues around puckered; no miliary tubercles, and no puriform softening or earthy deposit.

Solar Plexus involved in the surrounding thickened sub-peritoneal tissue, but no distinct evidence (after dissection and microscopic examination) of injury to the nerves or ganglia.

REMARKS.—This is a typical case of Addison's disease, without phthisis, or other tubercular disease, or caries of the spine, its most frequent complications.

The constitutional symptoms were but little marked, though feebleness of the heart's action, muscular weakness, slight nausea, and occasional vomiting, with headache and pains in the back were all observed more or less during the course of his illness. Notice, that while asthenia, cardiac feebleness, and nausea are characteristics of the disease, there is no extreme emaciation or anaemia. Nor does leucæmia form any part of the symptoms.

The affection of the skin was in this case unmistakable. The conjunctiva remaining white distinguishes it at once from jaundice. The tint is not characteristic. It is like what is seen from exposure to sun and air, and like that of the darker races. From the former it is distinguished by affecting parts covered by the clothes, but this boy, when stripped, looked, but for his English features, light brown hair and gray eyes, exactly like a Moor or Mulatto. The parts most affected are the face, the extremities, and especially the back of the hands and the genitals. This distribution and the gradation of colour should prevent its being confounded on the one hand with the darkening of the skin seen in some cases of malaria, of malignant disease, of plumbism, or of syphilis, and in most cases of prurigo (or phthiriasis) senilis; and, on the other, with the circumscribed patches of chloasma in pregnant or womb-sick women, and of tinea versicolor, and with the maculae of old syphilitic and other ulcers, blisters, burns, &c. The ink-like stains of the mucous membrane of the mouth and the pin's-head scattered dark spots have never been observed except in Addison's disease. Occasionally the discoloration of the skin is little marked, but even in such cases, where death usually occurs prematurely from some other concomitant disease, it is quite possible to make a correct diagnosis. A good example of this occurred at the same time that the present case was under observation. A woman under Dr. Moxon's care died of chronic phthisis, but disease of the renals was recognised during life and the diagnosis confirmed by the autopsy.

The result of this malady is uniformly fatal, though there are often intervals of apparent improvement, and patients live for months and even years. Death occurs (1) from concomitant phthisis, (2) from increasing asthenia, vomiting, and failure of the heart, (3) from sudden "cerebral" attacks like the present. In the last cases the brain is found apparently normal. We may compare this result with the fatal coma

which sometimes ends cases of Bright's disease, of cirrhosis of the liver, and of diabetes.

We know of no treatment available. This patient took phosphorus, because Mr. Ashburton Thompson, one of our own number, has strongly recommended its use in neuralgia and other conditions of nervous depression, and Dr. Broadbent has also used it with apparent benefit in similar cases and in some forms of anaemia. In the present case, and in one of idiopathic anaemia in which I prescribed it, the drug had no ill effects, but I doubt whether it did any good.

The post-mortem examination showed the adrenals in the state which accompanies the symptoms observed during life. There is, first, an enlargement and infiltration; then, and probably very quickly, a caseous degeneration, with softening into a spurious abscess, or with earthy concretion, or dense fibrous contraction, or mere yellow, cheesy, *i.e.*, fatty degeneration. This is the change seen in so-called "scrofulous" lymph-glands, in carious bone, and in soft or yellow "tubercle" of the lungs. Whether it is, as Lannec taught, always the result of true (miliary) tubercles degenerating, is still a disputed point. At all events we see from this case that the adrenals may be thus diseased without any other sign of tuberculosis.

Those of you who wish to know all the most important facts about this remarkable disease should read Dr. Addison's short memoir on the subject (reprinted by the Sydenham Society in the collected edition of his works), Dr. Wilks's paper in our Reports for 1862, and Dr. Greenhow's collection of nearly 200 cases, of which about 130 were probably genuine, in the "Pathological Transactions" for 1866.

ACUTE RHEUMATISM—EMBOLIC PLUGGING OF BASILAR ARTERY—DEATH.

E. M., æt. 26, housemaid, admitted into 8 Mary on March 20, under Dr. Wilks.

Personal History.—Had scarlet fever when young; had had frequent attacks of rheumatic fever, keeping her bed for four or five weeks at a time; no attack for eight years; joints swollen much each time.

Present Illness.—Five weeks previously got her feet wet, and soon had pain in both knees, and subsequently in all joints. Has been getting a little better, and has now pain only in right hip and both knees. Joints have not been swollen.

On Admission.—Thin, anæmic woman. Skin hot and moist, much perspiration, pupils dilated, and sclerotics pearly. Fingers very clubbed. Has lost much flesh lately. Complains of pain in right hip and both knees, which are not swollen. Chest resonant, slightly dull at bases posteriorly. Breath sounds normal. Heart, præcordial dulness normal; apex beat extends half-inch either side of nipple. Sounds: There is a loud systolic apex bruit, very high pitched and flapping; sounds at base clear; bruit rapidly disappears towards axilla, but is heard plainly over back. Liver and spleen, normal. T. 102.2, P. 94. Ordered Mist. Salinæ ʒi. t.d.s., Pil. Col. c. Hyosey. gr. x., o.n.s.

March 30.—Had pain in nearly all her joints, leaving one and going into another. R Mist. Quiniæ ʒi. t.d.s.

April 8.—Has great pain in left side, her joints being much less painful. R Mist. Salinæ ʒi. t.d.s.

April 14.—There is dulness below inferior angle of scapula on left side, with distant br. b. and ægophony. The dulness extends round to front, and is lost in cardiac dulness. An ill-defined swelling can be felt in splenic region (? spleen

pushed down by effusion). There is not quite so much pain. Slept well.

April 16.—Pain in side not so great; dulness and deficient breathing at both bases posteriorly.

April 28.—Was found this morning in a semi-comatose state. Her left arm is very weak, and face drawn to left side. Left pupil contracted, and insensible to light; ptosis of right eye. She can be roused. T. 103.4, P. 118, R. 28.

April 29.—Is about the same; was delirious during the night.

April 30.—Lies as if asleep. Answers questions reasonably.

May 1.—Left pupil still strongly contracted. Patient is easily roused.

May 4.—Patient lies listless, but answers questions intelligibly. She moves both arms and legs in a feeble sort of way, and both with the same amount of power. She squeezes, if anything, better with the left than the right hand. The left angle of mouth is a little lower than the right; when she yawns she contracts right facial muscles more than left, but if told to whistle she seems to use both sets of muscles equally. The right eye is closed (ptosis), and she is unable to open it; left eyelid normal. She forcibly closes both eyelids with the same amount of muscular contraction. Right eye: pupil dilated, and almost immoveable. The internal, superior, and inferior recti are paralysed, and there is therefore "external strabismus." The veins in right disc are much swollen. Left eye: the eyeball oscillates from median line inwards; the external rectus is feeble in action; the superior rectus does not act at all; the pupil is small, but acts. The sense of taste (with sugar and salt) is perfect all over tongue. There is much pain, with slight swelling and redness in metacarpo-phalangeal joint of great toe of left foot. The systolic bruit is heard very plainly at the apex and at back. Passes her faeces and urine unconsciously.

May 6.—Is more drowsy. Seems to have much pain in metacarpo-phalangeal joint of great toe of right foot, there being no pain in left foot.

May 7.—Rather better again, but is still delirious at times. Tongue clean, and appetite better. T. 97.4, P. 84, R. 34.

May 11.—Is worse again. Much pain in right elbow. Patient lies in a listless condition, with both eyes closed. She has not regained much power in either arm. Bruit still very loud, and thrill first perceived.

June 10.—Besides the mitral systolic apex bruit, there is a musical bruit heard nearer the median line parallel with apex. First sound very thumping. Systolic bruit heard louder at apex, diminishing much towards axilla and base.

June 16.—Harsh mucoid crepitations heard at both bases anteriorly. Pericardial rub heard distinctly at apex.

June 18.—Died quietly this morning.

Post Mortem.—Brain: Dura mater has a slight brownish tinge. Patches of ecchymosis all over upper surface of brain. There is a local patch of suppuration in the grey matter at upper part of right Sylvian fissure, and corresponding to it there is a small tumour on the dura mater, surrounded by pus. An embolus was found just at the bifurcation of the basilar artery, which however did not seem to press on either third nerve. The posterior communicating and arteries going back to cerebellum very small, and branches from internal carotid large. Lateral ventricles healthy; brain not soft, but a patch of softening found in left corpus striatum, and another in right optic thalamus, which extended into third ventricle. Cerebellum and pons healthy.

Lungs: Much frothy mucous in tubes; cedematous; not hard; pigmented and a brownish colour in parts; pulmonary apoplexy in parts; sinks in water. Recent pleurisy.

Heart: Enlarged; much fluid in pericardium, and lymph jaundiced. Large post-mortem clots filled all the cavities. Right side not enlarged; tricuspid and pulmonary valves healthy; left auricle dilated; mitral valve contracted, and covered with large polypoid growths. Aortic valves in the same condition, but they hold water well. Several polypoid growths in left ventricle, produced by friction of valves. Wall of left ventricle hypertrophied.

Kidneys: Muddled, full of emboli, cortex swollen, and veins congested.

Spleen: Embolic, one embolus having softened down.

Stomach: Full of bile, and not congested.

Liver: Nutmeg in parts; much viscid bile in tubes; not hard; no pus in joints.

[For the above report we are indebted to Mr. C. W. Lacey].

Operations.

FRIDAY, JUNE 18th.

Mr. Bryant made a longitudinal incision on either side of the patella into the left knee of a man who had been suffering from chronic disease of that joint. The synovial membrane was found to be much thickened, and a small quantity of pus escaped on the joint being opened.

The next operation was for the removal of a piece of dead bone from the left fibula of a girl, from whose arm and leg, two years back, Mr. Bryant removed several pieces of necrosed bone.

Mr. Howse performed the operation of amputation at the hip joint. The patient, æt. 7, was admitted at the end of April for disease of the hip. The limb was then flexed on the pelvis, and there was a large abscess extending down the upper part of the thigh. This was opened on the 7th of May, and since then has continued discharging freely. The boy, however, was emaciating so rapidly that Mr. Howse considered that amputation would be his only chance. Lateral skin flaps were made, the internal one being longer than the external, and the muscles divided circularly. The acetabulum was found to be extensively diseased and several necrosed portions of bone were removed. The operation was done antiseptically.

TUESDAY, JUNE 22nd.

Mr. Bryant performed Pirogoff's amputation of the foot for disease of the metatarsal bone of the great toe and corresponding tarso-metatarsal joint. Two months ago a cavity in the bone was laid open and a small sequestrum removed, but as the disease appeared to be progressing the above operation was performed.

Mr. Bryant next removed the right breast of a woman for cancer. The disease had existed two years as a small hard moveable mass at the upper part of that organ, but during the last fortnight had been growing rapidly, and at one point had commenced to soften down.

Mr. Howse next removed a portion of the tongue for epithelioma in a woman, æt. 57. She says she had only noticed it three weeks. The glands were not affected. The tongue

being drawn forward by means of a cord through the tip, the wire of the galvanic ecraseur was passed from before backward through its base and allowed to burn its way out. The tongue was thus divided into halves. The wire then in a similar manner was made to divide the base laterally and afterwards to separate the portion altogether by being passed round the diseased half. Some hæmorrhage took place which was stopped by ligature of carbolized catgut. The patient has since died.

Mr. Howse excised a breast for carcinoma in a woman, æt. 33. It had a history of two years, it infiltrated the skin and lymphatics running up to the axillary glands considerably. Two semi-elliptical incisions were made enclosing the growth, and the whole breast removed, including the extension of carcinomatous material to axilla. The operation was performed antiseptically.

COCK'S OPERATION.—T. M., æt. 56. Had gonorrhea and sores on penis 15 years ago, since then has had difficulty in passing water, 14 years ago had catheterism and was benefitted. Twelve months ago the difficulty in passing water much increased, there was constant desire to micturate, the penis was swollen, and an abscess formed between the front of the scrotum and root of the penis. These symptoms subsided, and he was comparatively well until five weeks ago, when he got into the same condition as he was 12 months ago. On admission, the water comes partly through urethra and partly through a fistulous opening between the front of the scrotum and root of the penis by dribbles, the penis is swollen and there is a thick discharge from the urethra, the latter feels hard and is indurated. A catheter cannot be passed. The operation:—The patient being under chloroform in the lithotomy position, Mr. Durham passed his left index finger through the rectum to the apex of the prostate, so as just to touch the membranous portion of the urethra, then taking a broad double-edged scapel with a blade four inches long, he made an incision in the direction of the left index finger, lateralizing the knife as it approached the membranous portion of the urethra, he then withdrew the knife and enlarged the incision anteriorly while doing so. A long grooved probe was passed into the bladder through the incision, and upon this a No. 12 gum elastic catheter was passed and fastened in with tapes, the probe being withdrawn. The whole operation occupied about three minutes.

We are indebted to Mr. Burton for the report of Mr. Durham's operation.

Surgical Wards.

A man was admitted into Luke last week, on whom Mr. Cock, thirty-two years since, performed perineal section for a ruptured urethra. No attempt at the time was made to pass a catheter, and the man left the Hospital with a permanent perineal fistula and an impermeable urethra. During this time he has had no difficulty in micturition, being able to pass his water in the erect position by elevating the scrotum (the opening being just behind the scrotum). Being out of health about four weeks ago, and having an irritable bladder, he went to another London Hospital, where they forcibly passed a catheter into the bladder, causing much bleeding, and setting up fresh cystitis. Mr. Cock afterwards saw him and sent him in to Mr. Forster. He is now suffering from slight cystitis but is improving daily. He states that he has had one child since the operation.

The Wards.

MEDICAL.

The following cases were admitted between June 16 and June 23 :—

ADDISON.—6. Enterica. 16. Carcinoma hepatis. 19. Mitral stenosis. 25. Epileptiform disease. 26. Hysterical epilepsy. 32. Phthisis. 34. Neuromimesis.

BRIGHT.—6. Perinephritic abscess (?). 8. Acute rheumatism. 13. Mitral stenosis. 14. Epilepsy. 19. Gastric ulcer. 23. Left pleuro-pneumonia. 25. Phthisis.

CLINICAL.—2. Enlarged spleen. 13. Right pleuro-pneumonia. 14. Epilepsy. 16. Epilepsy. 17. Hysteria. 25. Right pneumonia. 26. Mitral stenosis. 33. Phthisis. 34. Rachitis.

MARY.—3. Morbus cordis. 8. Bright's disease. 22. Bright's disease.

PHILIP.—16. Mitral regurgitation. 31. Acute rheumatism—pericarditis. 36. Cephalalgia. 38. Malignant disease of cardiac orifice of stomach—death. 38. Eczema. 39. Mitral stenosis. 45. Lead poisoning. 45. Delirium tremens.

STEPHEN.—5. Mitral systolic bruit—pericarditis—pleuro-pneumonia. 7. Peri-nephritic abscess. 16. Phthisis. 17. Phthisis. 29. Morbus cordis—dropsy. 44. Phthisis—sub-acute rheumatism. 45. Morbus cordis—aortic contraction.

SURGICAL.

The following cases were admitted between June 16 and June 23 :—

ACCIDENT.—22. Fractured fibula. 32. Fractured jaw.

CHARITY.—2. Sebaceous tumour of scalp. 5. Femoral hernia—operation. 6. Impacted fracture of neck of femur. 9. Ulcer of leg. 12. Carcinoma of breast. 16. Concussion. 19. Fractured tibia and fibula. 20. Ulcer on foot. Cot 1. Fractured femur. Cot 2. Fractured femur.

CORNELIUS.—1. Fractured femur. 4. Fractured leg. 5. Lacerated wound of leg. 8. Fractured tibia and fibula. 10. Injury to eyeball—excision. 15. Fractured tibia and fibula. 20. Scalp wound.

JOB.—2. Abscess in thigh, (?) Hip disease.

LAZARUS.—3. Old dislocation of radius forwards. 10. Stricture—urinary abscess—Cock's operation.

LUKE.—5. Strangulated inguinal hernia—operation. 8. Epithelioma of hand. 11. Necrosis of humerus. 14. Displaced testis—epididymitis. 17. Necrosis of 1st metatarsal bone. 19. Ruptured urethra—perineal section.

LYDIA.—8. Sebaceous tumour of face. 14. Chronic disease of knee-joint. 15. Lupus exedens of face. 19. Carcinoma mammae. 21. Fractured fibula.

MARTHA.—3. Glandular abscesses of neck. 18. Scrofulous glands in neck.

NAAMAN.—3. Sebaceous tumour of neck. 22. Hip-joint disease.

General News.

Mr. John Griffiths, M.R.C.S., has passed the L.R.C.P. of Edinburgh.

APPOINTMENTS.—The following appointments have been made by the Treasurer:—*House Physicians*—Messrs. D. H. Forty, J. Rendall and J. M. Hobson. *House Surgeons*—Messrs. J. F. Fry, H. Clarke and J. C. Ferrier.

ROYAL COLLEGE OF SURGEONS.—The election of three Fellows of the College, to fill the vacancies in the Council caused by the retirement of Mr. Prescott Hewett. Mr. Spencer Smith and Mr. Birkett, will take place on Thursday next, July 1st. All the retiring members offer themselves for re-election, and in addition, Mr. Cooper Forster, Mr. Hussey (Oxford) and Mr. Smee (Surgeon to the Bank of England). The last two can scarcely have much chance of success, Mr. Hewett will almost certainly be re-elected, and the real contest will lie between the two Guy's representatives and Mr. Spencer Smith, one of whom must be thrown out. We hope all old Guy's men will vote for Messrs. Birkett and Cooper Forster.

APOTHECARIES' HALL.

The following questions were asked at a recent examination for the Licence of the Society of Apothecaries:—

CHEMISTRY.

- (1). Write a short account of flame.
- (2). What is the composition by volume of the following gases?—Ammonia, Phosphoretted Hydrogen, Steam, Hydrochloric Acid, and Carbonic Oxide.
- (3). How may the salts of Alum, Zinc, and Magnesia be distinguished from one another?
- (4). Give the chemical composition of wheaten flour and milk, to what constituents are their nutritive properties due?

MATERIA MEDICA.

- (1). Give a description of the preparation of æther. What is the percentage of alcohol in rectified and proof spirit?
- (2). Specify the mercurial preparations of the B.P. How are the proto-chloride and ammonio-chloride prepared, and their purity tested?

BOTANY.

What are the characteristics of the orders Rosaceæ and Ranunculaceæ; how do they resemble, and how differ from each other?

PRACTICE OF MEDICINE.

- (1). To what diseases are the aortic valves liable, and how may they be recognised during life?
- (2). Give the distinction and treatment of a case of a Cirrhosis of Liver, Jaundice, and Gallstone.
- (3). How would you diagnose and treat the continued fevers?

PATHOLOGY.

- (1). Describe fatty degeneration, and the organs or structures particularly liable to it.

MIDWIFERY.

- (1). Describe and give the treatment of an arm, breech, and footlin presentation.
- (2). Give the indications, pro and con, for ergot of rye, and the employment of the forceps.
- (3). Describe and give the treatment of puerperal convulsions.

JURISPRUDENCE.

- (1). How would you determine whether a child had been born alive or dead?
- (2). Give the distinguishing characters of human blood stains.

TOXICOLOGY.

- (1). How would you recognise the following poisons in solution?—Arsenic, Opium, Hydrocyanic Acid, and Strychnia.

THERAPEUTICS.

- (1). What drugs depress the action of the heart? How may they be administered, and in what doses?

CLINICAL CASE.

Diastolic and mitral bruit and hypertrophy, result of acute rheumatism.

Athletics.

GUY'S ATHLETIC SPORTS.

To-day the inter-hospital challenge shield will be competed for at Lillie Bridge, and the contest is likely to be a severe one, as King's and Bart's. are known to be very strong, whilst it is rumoured that St. George's mean to make a strong fight for it; but it is greatly to be feared that Guy's will not show up very strong on this occasion, and it is the more to be regretted as we have at our hospital one or two men who, if they chose to train, and to compete for us, might do a great deal towards replacing the shield in our library. But to report on our trial sports. In a few words, the trials were simply a failure, when, judging from the numerous entries posted in the colonnade, we had a right to expect at least that those gentlemen who had entered would put in an appearance on the ground. By 2 o'clock, at which time the sports were to have commenced, with the exception of the officers of the club, who were all present with praiseworthy punctuality, not more than three or four of the intending competitors were present, so that the sports had to be put off for half an hour, by which time there was a more respectable attendance, although many of the most important races were walked over for lack of competition.

The sports commenced with the 100 yards, which was run off in three heats, and for which race we shall be represented to-day by Messrs. Hart, Roper, Stanger, and Chapman. Putting the shot was won by Gray 1st, Gravely 2nd. The 250 yards was an easy victory for Roper, Liddell being second; for the 440 yards there were only three competitors, of whom Stanger, who will represent the hospital, came in first.

The following races, which were not run off last Friday owing to the absence of competitors, will be represented by, 880 yards, Messrs. Gray and J. Poland. One mile, Messrs. A. Burt, Taunton and Keer. Two miles, Messrs. Taunton and Keer. Hurdle Race, 120 yards, Messrs. Reader, Gravely and Roper. Long Jump, Messrs. Gravely and Cox.

Throwing the Hammer was won by Gray, Wallis being second; whilst the high jump brought the would-be sports to a conclusion. This was the best contested event of the day, as Reader, Chapman, and Gravely all cleared 5 feet 2 inches a very creditable performance, considering the bad state of the ground.

All competitors to-day are reminded that the Guy's colours are orange and blue.

KING'S COLLEGE ATHLETIC CLUB.

The eighth annual meeting of the above club took place at Lillie Bridge on Saturday, June 12th, in pouring wet weather. The following were some of the principal events:—

HURDLE RACE, final heat.—W. D. Jefferson, 1; J. Mackay, 2; W. J. Miles, 3. Won very easily. Time, 19½ seconds.

PUTTING THE SHOT (16 lbs.)—R. L. Batterbury, 1, 30ft. 10in.; W. D. Jefferson, 2, 29ft. 10in.

THROWING THE HAMMER.—W. D. Jefferson, 1, 73ft. 4in.

MILE RACE.—C. B. Lewis, 1; A. B. S. Widnell, 2. Won by 200 yards; time, 4 min. 59 sec.

100 YARDS, final heat.—E. H. Howlett, 1; R. W. F. Harrison, 2. Won by a yard; time, 10 4-5 sec.

HIGH JUMP.—R. L. Batterbury, 1, 5ft.

QUARTER MILE, final heat.—E. H. Howlett, 1; R. W. F. Harrison, 2. Won by a foot; time, 55 secs.

LONG JUMP.—W. D. Jefferson, 1, 18 ft. 9 in.; C. S. Paley, 2.

Correspondence.

[We do not hold ourselves responsible for the opinions expressed by our Correspondents. We cannot insert any communication unless accompanied by the writer's name and address, not necessarily for publication. Our correspondents will oblige by writing on one side of the paper only.]

TO THE EDITORS.

SIRS,—In the "Guy's Gazette" for June 5, I saw a letter by "Z" on Paracentesis Abdominis, in which some views were stated which, I think, require at least some modification. I agree with "Z" that a long canula passed into the most dependent part of the fluid is probably better than a short instrument. I admit also that it is more convenient to use an elastic tube attached to the canula. But I cannot see why, without the tube, you need let air enter the abdominal cavity, provided that an assistant steadily compresses the belly with a towel or a bandage. This is a proceeding which can scarcely be productive of harm unless violence be used, which, of course, must be avoided. It appears to me that "Z" has missed the use of the bandage after the completion of the operation. The vessels of the abdomen must dilate of course when the pressure of the ascitic fluid is removed. Thus the blood tension is lessened everywhere—hence the liability to syncope after tapping. But, I think, there can be no doubt that a well-applied bandage tends to prevent all this.

Why should the elastic tube hang in fluid? With a tube of the calibre which is usually employed, it is impossible that air should pass up while water is running down. When the flow ceases pinch the tubes and remove the canula unless the water should begin to flow again.

As to the hissing noise which is heard near the close of the operation, I know by experience that it is caused by air rushing through the imperfect joint between the canula and the metal tube which carries the elastic tube. As a rule no air enters the abdomen at all. It is drawn down with the fluid in the tube. This sound is no real sign that the proceeding should be concluded, for it will never appear at all if the instrument is perfect, and will appear too soon if the chink between the canula and the tube is unusually large, or if the canula becomes closed by bowel or any other obstacle.

C.

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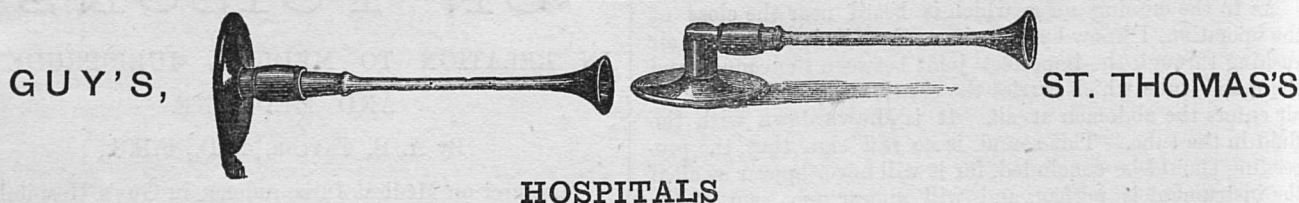
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(See STUDENTS' JOURNAL, April 10th, 1875, page 105).

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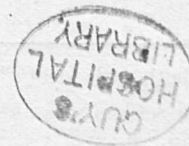
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Guy's



Hospital



Gazette.

A Students' Journal of Hospital News, Medicine, and Surgery.

VOL. VI.—No. 10.]

SATURDAY, JULY 3, 1875.

[TWO PENCE.]

THE GENERAL MEDICAL COUNCIL is a very important body no doubt, and their time of the utmost value; but if the late meeting is a typical example of their usual proceedings, we for our part must qualify the above statement; for the assembly seemed to us to be characterized by the most "masterly inactivity." The reports of the Visitors at the various examinations for 1874 were received and debated, and defects were announced in the examinations at the College of Physicians, London, the College of Surgeons of England, and the Apothecaries Hall, Dublin. A long discussion took place in the case of the former body, the chief point of which seemed to be, whether the College of Physicians would be "offended" at the remonstrance of the Council; and a motion for reform was only passed by one vote; whilst the motions with respect to the defects pointed out in the examinations of the two latter bodies, were negatived.

The case of a Medical Man who allowed two unqualified persons,—not his assistants,—to practice in his name, was referred to the Meeting: and it was deemed not "expedient" to interfere. The Council excuses itself from prosecuting infringements of the Medical Act on the grounds that it is rather a question for the people at large; that such prosecutions ought not to be instituted out of funds derived "entirely from the medical profession;" and also that such functions would distract it from its higher duties. It seems to us that we would put up with the loss that would ensue from such distraction, and would gladly see some good accrue from the money which is derived from us when we go through the ceremony of Registration. We are sure that offences like the one cited above

are more common than is generally supposed; and they must always of necessity be so, when the expense of a costly prosecution falls upon a private individual.

MANY are the responsibilities which devolve upon a Medical Man. He often must decide on questions involving matters connected with the closest concerns of domestic life. Often has he to decide whether a man is capable of bodily labour, and on the Doctor's certificate a man goes on his Club.

But far more important is the question sometimes asked by those who appear mentally overworked "Am I to stop my work?" An answer here may turn the current of a man's life (it has sent him to Australia), for generally those who put such implicit confidence in Doctors as to let them decide such momentous questions, either do not care much for their work and are glad of an excuse, or are lamentably weak-minded.

Dr. Wilks ("Lancet," June 27) says, that of the cases he sees, "Six are due to idleness and one to overwork." This is easy of comprehension, for a man knows perfectly well when he has strained his powers to the utmost, and generally is sensible enough to desist, even if he be fond of his work. A judicious man, however, will generally avoid such troubles by training for his work like an athlete, till he gradually reaches "so many hours a day." But we can understand a man who starts with a spurt and works immoderately for a week and gets tired and disgusted with his work, persuading himself that he is overworked. We have naturally been led to consider the student only. There is no doubt a class of people whose hardest toils

scarcely "make both ends meet;" that is really overworked. These the Doctor seldom sees until the effects of toil become manifest in definite diseases.

Dr. Savage tells us that students are rarely admitted to Bethlehem from overwork. The greater number of men being clerks, &c., whose actual mental work is comparatively little. This fact may relieve the anxiety of some who are afraid of overworking their brains, and they may take comfort; for if "all work and no play makes Jack a dull boy," it seldom makes him mad.

ON THE PRODUCTION OF GLYCOSURIA BY THE EFFECT OF OXYGENATED BLOOD ON THE LIVER.

BY

F. W. PAVY, M.D., F.R.S.

Being an Abstract of a Paper read at the Royal Society,
June 17th, 1875.

THE author referred to a former communication to the Royal Society on "Lesions of the Nervous System producing Diabetes," (Proceedings R.S., Vol. 10, 1859-60), in which he made known that division of certain parts of the sympathetic system occasioned the presence of sugar in the urine. The results given in that paper showed that there were other means besides Bernard's celebrated experiment of puncturing the floor of the fourth ventricle, by which artificial diabetes could be induced; but they did not explain the reason of the appearance of the sugar, and the author still sought to discover something upon this point. The inquiry was pushed in various directions, but always with a fruitless issue until the summer of 1874. The author for some time past has been led to look to an altered condition of the blood flowing to the liver as likely to prove the most probable cause of the transformation of amyloid substance into sugar, which evidently constitutes the foundation of the artificial diabetes following operations on the nervous system. Schiff is of this view, and ("Journal de l'Anatomie et de la Physiologie," Paris, 1866) has referred the escape of sugar from the liver, and thence the production of glycosuria to the development of a ferment in the blood as a result of the hyperæmia (not necessarily of the liver) which follows the operations on the nervous system which occasion artificial diabetes; but although the author has carefully examined this opinion he cannot obtain evidence of the development of a ferment in the manner asserted. He has further tried the effect of introducing a secretion, viz. saliva, into the circulatory system, which is known to act as an energetic ferment upon the amyloid substance of the liver; and on one occasion he found from some cause or other that the urine became to a moderate extent saccharine, but in a large number of other experiments the operation was attended with a negative result. Having so far proceeded without success it occurred to the author to try the effect of introducing defibrinated arterial blood into the portal system. He was led to experiment in this way from having some time previously observed that when arterial blood only was allowed to flow through the liver, as for instance when the portal vein was tied and the hepatic artery left free, sugar escaped from the organ to such

an extent as to render the contents of the circulatory system strongly saccharine. This result he had commented upon as being somewhat surprising, and as furnishing evidence standing in opposition to Bernard's glycogenic theory. He had not succeeded by the operation in producing glycosuria, because as it appeared to him no urine was secreted owing to the ligature of the portal vein leading to such a diversion of blood from the general circulation by the accumulation occurring in the portal system, that the flow through the kidney was too slight to allow of it. He had endeavoured to overcome this obstacle by connecting, through the medium of a canula, the portal with the right renal vein after ligaturing the corresponding renal artery. If the experiment had succeeded the liver would have been left with its arterial supply, but the portal stream would have been diverted and made to reach the inferior cava without traversing the hepatic vessels. As regards the operation, this the author found he could accomplish, but each time he performed the experiment the object he had in view was frustrated by the canula becoming quickly filled with a plug of blood clot. It was whilst under this difficulty that the thought of collecting blood from an artery, defibrinating it and then introducing it into the portal system occurred to him. He had considered it possible that some slight effect might be perceptible, but had not anticipated the strongly marked result which is producible. The amount of blood used has been from 10 to 18 fluid ounces. After the production of anaesthesia by chloroform the blood was collected from the carotid artery, stirred in order to defibrinate it, strained and then very slowly injected into a branch of the mesenteric vein. In one experiment where half an hour had been employed in making the injection, the urine at the completion of the operation contained a notable amount of sugar, and half an hour later showed by analysis the presence of 15 grains to the fluid ounce. In a second the urine contained 10, and in a third 14 grains to the fluid ounce when collected three quarters of an hour after the operation. The experiments were performed upon dogs, and in each case it had been ascertained that the urine was devoid of sugar before the operation.

Having noticed the effect which has been described from the injection of oxygenated blood into the portal system, it became necessary to ascertain positively that it was attributable to the oxygenated condition of the blood and not to any other cause. To decide this point an appeal to the counter-part experiment was made. Defibrinated venous instead of arterial blood was injected into a branch of the mesenteric vein, and upon each occasion where such an operation has been performed a negative result has been obtained. With the evidence thus furnished the conclusion may be warrantably drawn that oxygenated blood in some manner influences the liver so as to lead to the production of glycosuria. It may be inferred that, contrary to the effect of venous blood, it promotes the transformation of amyloid substance into sugar.

The suggestion naturally occurs that what has been stated above affords an explanation of the glycosuria occurring after Bernard's puncture of the fourth ventricle, and the various lesions of the sympathetic. Without any new agent being called in, sufficient is presented in the state of the blood to account for the production of sugar that occurs. By a vaso-motor paralysis affecting the vessels of the chylipoietic viscera, the blood will reach the portal system without having become de-arterialised in its natural way, and in this state it has been shown, by the experiments narrated, to possess the property of acting within the liver in such a manner as to determine the production of glycosuria.

A STUDENT'S NOTES OF

Lectures on Midwifery.

By J. BRAXTON HICKS, M.D., F.R.S.

(Pelvis continued).

TOO SMALL PELVIS.—It has been said that it is impossible to find a pelvis *aequaliter justo* minor, without being able also to detect in it a sign of puerility; in other words, some mark of deficiency of development proper at puberty. Doubtless it is very common that the small pelvis is dependant on the imperfection of this change; but there are some having the proper relative proportions, but under average size. Practically this form of pelvis is the equivalent of the too large foetal head in an average pelvis. And the difficulty it causes to delivery is more or less severe according to the want of relationship between the head and the pelvis. The problem to be solved is this, namely, to get a sphere through a ring of smaller diameter. To get over this mechanical impossibility we either have to employ the forceps, or, these failing, we have to perforate. If we reduce by breaking up part of the head we still have the unreduced diameter too large; and we cannot, in this form of pelvis, adapt this outstanding diameter to the shape of the rim as we can where the antero-posterior diameter is only lessened, but we must in severe cases reduce all the portions and diameter of the head to the size required. Of course it can be done, but what I wish to impress upon you in relation to this kind of pelvis is, that it is more difficult than it appears, and generally more so than the rickety pelvis with a smaller antero-posterior diameter, but with fair loops on either side.

PUERILE PELVIS.—The girlish pelvis has, as in the case with the pelvis before puberty, the antero-posterior diameter moderately ample, but the transverse has not been developed up to the full size proper to womanhood. The pelvis about puberty expands in width, particularly its *ala*; the sacrum also expands, and thus the transverse diameter is especially increased. So much, that although before puberty the line drawn from the centre of the base of sacrum just touched the ileo-pectineal line, after puberty this latter line is half an inch outside.

In gauging then the pelvis externally, if we find the antero-posterior full-sized, but the transverse less, we may assume that there has been a deficient development at puberty; a still further confirmation of this may be obtained if we find the extreme transverse diameter of the *ala* less than two inches smaller than that of that between the anterior superior spinous processes. In a very deficient pelvis this latter diameter is sometimes even the longer.

MASCULINE PELVIS.—As its name implies approximates to the shape of the male pelvis. Its brim is nearly normal, but the arch of the pubis is too acute, and thus the tuberosities of the ischium approach so as to lessen the transverse of the bony outlet by sometimes half an inch. The sacrum is straighter than normal, and thus the outlet is narrowed so as to cause this form of pelvis to be called funnel-shaped. The labour in this kind is deceptive; the head in the first and middle stages descends well, and difficulty is not suspected till the head is near the outlet. If the contraction is considerable the head is arrested, and if the pains are very severe it is jammed down, and thus it is said to be impacted. If then we apply the forceps we may draw it through, if not we increase the impaction, and if the head is not delivered by

perforation the soft parts soon suffer and sloughs follow. If, however, either by natural efforts or by the help of the forceps the head is made to press the outlet, the arch of the pubes not allowing the occiput to escape well forwards, the head is driven against the coccyx and perinaeum too much, and thus rupture of the latter is imminent and often unavoidable. If added to the contraction of the bones at the outlet the ligaments are very firm and the soft parts also, the difficulty of delivery is manifest.

The women who possess this kind of pelvis are readily recognized by their general masculine form and character; strong minded, with large hands and feet; drawn out as girls lengthways. Narrow-made from head downwards.

We now come to those kinds of distorted pelvis which have been produced, not by the deficiency of the natural changes proper to women, but by an induced softening of the bones; in consequence of this they yield in various directions according as the weight of the trunk or muscular action act upon them.

RICKETY PELVIS (Ovate and Reniform).—Rachitis occurs almost invariably before the accomplishment of the changes of puberty, generally in early childhood. There is a relative deficiency of the earthy portion whereby the bones are softer than they should be, and thus yield to pressure. Of course other bones besides the pelvis are altered. The bones of the head enlarge by the blood impetus and processes of growth, and the total capacity of the cranial cavity is increased. The femur and leg bones become curved, and so on.

The promontory of the sacrum, in consequence of the weight of the trunk is brought nearer to the symphysis than it should be, and thus we have an ovate or reniform shape of the brim produced. The transverse diameter is set down very much altered in this form, except when there is, as is sometimes the case, a general arrest of development of the pelvis, whereby some of the features of puerility co-exist with rickety softening. The outlet in this form is seldom deficient, indeed it is often enlarged and the total depth is decreased both by the influence of the sitting posture, as also by the general delicacy of the bones in this condition.

The chief characters of the rickety pelvis are:—

- 1.—Diminished length of the antero-posterior diameter.
- 2.—Increased shallowness.
- 3.—Generally greater obtuseness of pubic arch.

In extreme cases, as in the reniform variety, the antero-posterior diameter in the centre is reduced below that of the sides, and thus the loops each side are important in a clinical point of view; because where we mutilate the foetal head these loops enable the head to be drawn down when the conjugate would not permit it. At the same time it must be noticed that the difficulty in delivery occurs chiefly at the brim; and as we can readily reach that part in consequence of the shallowness of the cavity and expanded outlet, the ease with which we can operate is very much greater than is the case with the pelvis distorted by mollities ossium to be next described.

The women in whom this kind of pelvis is found are commonly diminutive, child-like, hollow-backed, often waddling persons, in whom also you may find bent legs and large heads. The hollowness of the back depends on the anterior projection of the lower lumbar vertebrae, and this often causes additional difficulty in the labour, by pushing the head more or less over the pubes, whereby loss of uterine power occurs.

(To be continued.)

Medical Wards.

A case of typical diphtheria was admitted to Bright on May 18. The patient was 22 years old. She had complained of sore throat since the 10th, and the day before admission she had coughed up some matter and blood. There were sloughs on the soft palate, uvula, and tonsils, easily removed, and exposing a raw surface, which soon again became covered with membrane. The substance removed consisted of epithelium, fat-cells and fibre, but no kind of fungus. On the 20th, albumen first appeared in the urine, which was high-coloured—sp. gr. 1022. Liberal diet was allowed, and carbolic acid used to gargle the mouth every two hours. The membrane disappeared within ten days, and the patient was then allowed to get up, and was discharged on June 16th.

The interest of this case lies in the fact that two cases have since occurred in the ward, of membrane, covering the interior of the mouth, which were considered suspicious cases. M. M., æt. 18, was admitted to 17 Bright on 27th May. Since her confinement (11 weeks ago) she had complained of cough, loss of flesh, and wasting. She was in a very low state. No abdominal nor uterine trouble was found, but there was right pleuro-pneumonia, with slight effusion. Urine contained a little albumen, and chlorides were abundant. The temp. was at first 104° F., pulse 150, very small, and almost running; R. 54, with no great amount of distress. The patient slowly mended, the temp., pulse, and resp. falling considerably, and in a few days iodide of potash was given instead of the Dover's powders. She continued to improve, and the chest trouble had nearly disappeared, till the 10th June, when the whole of the interior of the mouth became covered with a dirty flocculent membrane, much resembling the aphthous state which occurs so frequently in the last stage of phthisis, and other debilitated states. The stuff was easily removed, and under the microscope showed many sporules, the surface appearing red, but not raw nor bleeding, neither did the membrane re-form. The glands in the neck were enlarged, and there was difficulty in swallowing. The albumen, which had lessened, became abundant. This continued for six days, when a solution of nitrate of silver, 3 ss. to the 3 j., was freely applied, and in 24 hours the membrane had all but disappeared. Since then obstinate vomiting has supervened, and the patient sank from cerebro-spinal meningitis.

M. C., æt. 28, was admitted to 8 Bright, (three beds from the last patient, who then lay in No. 5) on June 23rd. She was confined five weeks ago, and the last 3 weeks had suffered from acute rheumatism. The patient was, on admission, extremely thin and emaciated, with several joints acutely inflamed, and the temperature 104° Fah. Urine, sp. gr. 1010 albuminous. The first sound at base of heart not quite clean; lungs normal; both legs, but especially the right, swollen, and oedematous. The temperature fell to, and has since remained about 101° Fah. On 25th, the whole of the interior of the mouth was covered with similar stuff to that found in the last case, but not quite so universally distributed. The following night a solution (same strength as above) was applied thoroughly over the mouth, and the next morning but very little membrane was left.

The first case, no one would doubt, was diphtheria, but the second and third (which were exactly alike) were but doubtful, though suspicious cases. Albumen in the first case appeared subsequently to the membrane, and was only found

for a few days after the mouth cleared. The other two cases have throughout had albuminous urine, though perhaps slightly increased, whilst the membrane was present. There was granular enlargement in the two first, but not in the third case. The membrane in the first contained no sporules, was wash leathery, removed in flakes, and exposed a raw, bleeding surface, which was in an hour or two again covered; it nearly covered the posterior wall of the pharynx, and there were patches on both tonsils, the uvula, and posterior part of soft palate. The membrane in cases two and three, contained the oidium fungus in abundance, was rather granular than leathery; could not be removed in pieces so well, and left a surface, which, though red, did not bleed, nor did the membrane reform; it covered too, almost entirely, the lips, gums, tongue, palate, and pharynx, uvula, and tonsils in the second case, and not quite to so great an extent in the third case. The first case, again, was a strong healthy girl, whilst the other two were in a terribly weak state.

Obstetrics.

Kate Nelson æt. 30, Primipara. Labour pains began on 21st inst. The dilatation stage was very tedious, the os not becoming fully expanded until 9.30 p.m., of the 25th, when the pulse ran up to 126. About 11 o'clock the same evening the Junior was sent for; the pulse then was 36, temp. 100.4. Tongue dry and brown normal presentation, os fully dilated, membranes ruptured and pains fairly vigorous, and for one hour and a half the head continued to make progress but from this time, became arrested at the outlet, the patient some time after got very restless, sores began to form on the lips, tongue very dry and brown, pulse continued rapid, bearing down pains ceased, being substituted by those resembling first stage. Senior and Dr. Galabin were sent for, long curved forceps being put on, considerable difficulty was experienced in adjusting the blades and powerful traction failed to move the head. Chloroform was administered and the cranium was perforated between the forceps and contents allowed to escape, by this means the head was easily delivered. Slight hæmorrhage followed, one drachm of ergot was given and the shoulders brought down by hooking a finger in the axilla, the uterus contracted down upon foetus as it was being withdrawn. The placenta (battledore) was found detached and removed immediately. Uterus remained well contracted and all hæmorrhage ceased. The foetus had evidently been dead some time, the head was much elongated antero-posteriorly and failed to make the extension movement at the outlet. Upon examining the pelvis after birth, the conjugate of brim appeared of normal length, but the symphysis pubis, instead of presenting the proper angle, was rostrated, or beaked; also the diameter between tuber ischii was much reduced. Urine was smoky, contained $\frac{1}{4}$ albumen, but no casts were found.

June 26th.—T. normal, P. 136. Brandy ordered, but stomach rejects everything.

June 27th.—Vomiting still continues. T. 100, P. 126. Died this evening.

[We are indebted to Mr. Evans for the above].

A series of lectures by Professor Turner, of Peterborough, on the Comparative Anatomy of the Placenta, are being published in the *Lancet*.

General News.

From a table presented at the late meeting of the General Medical Council we find that a total of 1,765 diplomas were granted last year by the 20 examining bodies throughout the United Kingdom. A good number of these were of course taken by the same men, so that the number does not represent the number of men qualified during the year. The following are extracts of more especial interest to Guy's men:—

	Number of Candidates.	Number Passed.	Per-centage Passed.
UNIVERSITY OF LONDON.			
Prel. Sci.	156	93	59.6
1st M.B.	54	37	68.5
2nd M.B.	25	19	76
M.D.	19	10	73.6
UNIVERS. OF CAMBRIDGE.			
1st M.B.	34	30	88.2
2nd M.B.	22	15	68.1
Final	13	13	100
UNIVERSITY OF OXFORD.			
1st M.B.	9	8	88.8
2nd M.B.	1	1	100
UNIVERSITY OF ABERDEEN.			
1st M.B.	75	60	80
2nd M.B.	85	65	76.4
Final	63	54	85.7
COLLEGE OF SURGEONS, ENGLAND.			
1st Membership	691	462	66.8
2nd "	478	349	74
1st Fellowship	108	43	39.8
Final	29	10	34.4
SOCIETY OF APOTHECARIES.			
1st	187	151	80.7
2nd	205	190	92.1
L.R.C.P., LONDON.			
Final Exam.	99	85	85.8
L.R.C.P., EDIN.			
1st	18	16	88.8
2nd	171	139	75.4

We have given the per-centage of candidates who passed the various Boards, but this of course will give us no means of rightly estimating the various results, for at the 2nd M.B., Oxon., there was only one candidate, and at the corresponding examination at the London University, 19. It is obviously unfair to estimate the per-centage at the former as 100, and the latter as 76.

DR. S. H. AVELING has discovered among the Clarendon papers, a letter by Harvey. It is of considerable length, and, with the exception of a memorandum without signature, at the back of Dr. Ward's letters, is the only letter in Harvey's handwriting extant.

THE Royal Commission on Vivisection consists of the following members:—Lord Cardwell, Lord Winmarleigh, Mr. Forster, Sir John Karslake, Professor Huxley, Mr. Erichson, and Mr. Hutton. There is a preponderance of members who know nothing about the subject, whilst we are at a loss to know why, if so strong a partisan as the last gentleman is appointed, some one actively engaged in the subject under consideration was not amongst the list.

Surgical Wards.

OBLITERATD URETHRA—PYCEMEA — ABSCESSSES —RECOVERY OF THE PATIENT UNDER THE CARE OF MR. BRYANT.

T. H., æt. 37, was admitted on the 24th December, 1874, into Job Ward, for impermeable urethra. Perineal section was performed by Mr. Bryant on the 2nd of January, 1875, with success. Patient had some shivering a few days after the operation, when the temp. was 98.8, pulse 100. A fortnight after the operation the patient began to complain of "rheumatic" pains about the left elbow and right thigh, the left elbow becoming red, swollen, and tender. Temp. 100.2

On the 15th of February patient began to complain of great pain in his right thigh and knee on the slightest movement, and of his shoulder being very tender. Temp. 99.2. On examination his urine was found to be albuminous.

On the 3rd of March, the patient being under the influence of chloroform, extension was made upon the lower extremity by means of De Morgan's splint.

On the 5th of April he again complained of a pain in the left shoulder, and an incision was made into the upper and back part of the shoulder, and a quantity of pus escaped.

On the 9th another incision was made into the front part of the shoulder, and there was a slight discharge of pus, which increased in a few days, when the temp. rose to 101.8. A third incision was made in the middle of the arm, near the insertion of the deltoid.

On the 15th the temperature was again normal.

On the 22nd there was a good deal of discharge from the wounds on the shoulder. Temp. 99.6.

On the 25th there was an increase of the discharge which became of a serous character. Temp. 100.4.

On the 17th of May an abscess was opened on the middle and inner side of the arm.

On the 24th an abscess was observed on the outer side of the right thigh, about the middle, which was opened on the 25th, and a large quantity of pus exuded. Temp. 99.

By the 15th of June the wounds about the shoulder had quite healed, but the discharge from the thigh was considerable, and becoming of a serous nature, the thigh appearing glazed and cedematous. Patient passes all his water through the opening in the perineum.

The patient is now progressing towards recovery. The points about the case are, first, that the man recovered at all; and, secondly, that there were no visceral complications.

We are indebted to Mr. C. K. Shaw for the above report.

Reports of Cases.

Elizabeth Bell, æt. 23, was admitted March 24, 1875, under Dr. Wilks. Is in service. No previous illness.

On Monday March 15th, felt ill and had giddiness in head and suddenly, whilst standing by a table, fell down in a fit, in which she remained in a semi-conscious state for two or three hours. She lost power in her left side, (face and extremities) and was gradually recovering, when she had another fit on March 20th, again affecting the whole of left side, but more especially the left arm. She remained in the second fit two or three hours. She has been gradually

recovering power over all the muscles, except in the arm, which is nearly powerless.

On admission. Patient is a stout healthy woman, hair of a light brown color, skin hot and moist, perspires a great deal, is alternately hot and cold.

She has regained perfect power over muscles of left side of face, those of left leg being weak, and those of arm nearly powerless. The muscles in front of the forearm are wasted and flat, also those on the thenar and the hypothenar eminences. The deltoid on left side is also flabby, though the wasting here is not well marked, and there is decided flattening in the interscapular groove on left side, indicating wasting of rhomboidei. She does not move left chest walls nearly so well as right. The left leg is wasted, gums normal, optic discs normal on both sides. Sensation perfect all over body. Complains of great pain over right side of face and across forehead. Frequent sore throats, though no certain history of syphilis. Catamenia regular. Temperature normal in both axillæ. Chest, heart, liver, and spleen normal.

Full Diet—ordered Mist. salini $\bar{z}$ i. ter. die. sd.

March 28th—Diarrhœa and passing blood in motion.

R. Mist. Ferri Co., Mist. Assafœdi. aa. $\bar{z}$ ss. t.d.s. R. Mist. hæmalonyli $\bar{z}$ i. p.r.n.

April 5th.—Has great pain in both tibiæ, and in calves. No nodes to be felt.

8th.—Patient had a fit yesterday evening, lasting about two minutes, and patient remained in a semiconscious state for half an hour. In the fit she threw her arms about, bit her tongue, and foamed at the mouth. She seems worse this morning and has less power in muscles of left arm and leg, those of face not being affected. Has still much pain in forehead and legs.

13th.—Had another fit this morning the symptoms being the same as before. Muscles of left side are not altered.

R. Liq. Hydrarg. : Perchlor : $\bar{z}$ j

Pot. Iodidi gr x.

Syr. Aurant $\bar{z}$ ss

Ex. Aqua $\bar{z}$ j ter die sumd.

22nd.—Has had no more fits. Muscles still very flabby.

28th.—Complains of feet feeling cold. Can move her hand and arm a little better.

May 22nd.—The muscles of left extremities are still wasted and flabby, but she is recovering power very slowly.

June 9th.—Faradization ordered. The interossei and muscles of thumb and little finger do not act at all. The extensors of wrist act well. Patient is now strong enough to walk with help.

11th.—Extensors of forearm respond readily to 50 cells of continuous current, but the interossei do not act till 80 cells are applied.

22nd.—Muscles of hand respond better to continuous current, and patient is much stronger and able to get down stairs.

[We are indebted to Mr. C. W. Lacy for the above.]

SIMPLE FRACTURE OF FEMUR. NO SHORTENING.

UNDER THE CARE OF MR. BRYANT.

On May 3rd the patient, a man æt. 65, was getting out of a cart when the horse suddenly turned round, and threw him violently to the ground.

On admission he was found to have sustained a fracture of the left femur, about the junction of the upper and middle

thirds, with a considerable amount of displacement. The leg was put up in a long outside splint, without a perineal band, extension being continually kept up by means of weights (about 10lbs).

June 21.—The splint was removed, and on measurement the distance between the antr. supr. iliac spine and the int. malleolus is identical on both sides.

We are indebted to Mr. W. A. Phillips for the above report.

The case in Luke, mentioned in our last issue, has since died of epithelioma of the bladder and surgical kidney. The malignant growth being situated just upon the point a catheter would impinge.

Operations.

FRIDAY JUNE 25.

Mr. Bryant broke down some adhesions in the left knee joint of a woman, the result of a fractured patella; the accident took place nine months back, and the limb was kept in splints for three months, when they were removed the joint was found to be stiff and as it continued so, patient came to the Hospital, when the joint was found to be almost immovable, and the least attempt to flex the leg upon the thigh caused intense pain, the lower fragment of the patella was fixed, and the muscles of the thigh were much indurated. Under the influence of chloroform the adhesions gave way readily, only slight force being used. The limb was placed on a posterior splint and an ice bag applied to the joint for three days, after which passive movement was commenced.

Mr. Foster, removed by the actual cautery an epithelioma from the back of the hand of a man eighty-six years old. This method of removal being preferred, as the man was old and could ill-afford the loss of blood.

MONDAY, JUNE 28.

Mr. Forty (House Surgeon) amputated, by the mixed method, about three inches below the elbow, for a smash of the hand and lower part of arm, the vessels were twisted and the flaps brought together by means of cat-gut sutures. The stump was wrapped in salicylic cotton wool, and placed on an angular splint.

TUESDAY, JUNE 29.

Mr. Bryant removed the astragalus from the left foot of a child for acute necrosis. Eight months ago the foot sustained an injury, the child was taken to a "bone setter," who said that there was something out and that he had put it in, shortly after this there was pain and swelling of the joint, with constitutional disturbance, this was called at the time rheumatic fever. An incision on either side of the joint was made, and the astragalus which was found to consist of two pieces and necrosed, was removed.

Mr. Bryant next performed Mr. Cock's operation for an impermeable stricture of the urethra, which resulted from an injury which was received some years back.

ACCORDING to Surgeon-Major Du Chaumont, green tea is manufactured as follows.—"The men first apply the coloring matter to their arms, which are already moist with the natural enudation, and then cause the leaves to take up the colour by rubbing them on their arms." "A woman must be looked upon in certain respects as an arrested male, and, generally speaking, must be regarded as equivalent in strength to a boy of sixteen or seventeen."

United Hospitals Athletic Sports.

THESE sports were brought to a successful conclusion last Saturday, at Lillie Bridge, when, greatly to the surprise of most on the ground, St. George's scored their second victory since the club has been established. The weather was glorious; the attendance larger and better in all respects than that of former years; whilst the closeness of the races, and the excellent music of the band of the Royal Artillery all served to make the day most enjoyable to all present. Two o'clock was the hour fixed for the commencement of the sports, by which time a considerable number of visitors had assembled; and, punctually to time, the first heat of the 100 yards race was run off. The four heats were won respectively by Howlett (King's), Sanders (Bartholomew's), Wright (St. George's), and Hart (Guy's). This latter gentlemen will make a capital representative for us in future years, as he possesses great pace, but sadly wants to practice starting, as in the final he lost fully four yards in the start, which distance it was of course quite impossible to make up against such competitors as he had to contend with. The race, which was capitally contested, resulted in favour of Sanders; Wright being second. Throwing the hammer was the next event, which was won by Webb, of St. George's, with a throw of 88 feet 1 inch, Gray (Guy's) being second. The 120 yards hurdle race was divided into four heats, which were won by Turner (St. George's), Reader (Guy's), Boyd (St. Thomas's)—this heat ought to have been won by Roper (Guy's) but he fell over the last hurdle when leading easily—and Brown (St. Mary's). The one mile race for a challenge cup presented by Guy's, resulted in a capital contest between Lewis (King's) and Turner (St. George's). The former scored a win for King's in 4 minutes 53 seconds. The next event was the high jump, both of which prizes fell to Guy's in Reader and Chapman. The jump was only 5 feet 2 inches; but there is no doubt that Reader could have jumped one or two more inches if he had been pressed. The final for the hurdles was then brought off, which was very hard for Reader, as he was tired with jumping; but a capital race ensued between him and Turner (St. George's), the latter scoring a victory by only half a foot. It seemed to spectators that Reader would have won, but that he slackened in his rush to the tape. The half mile was won by Jefferson (King's), Juke (St. George's) being second, in the rather bad time of 2 minutes 11½ seconds. Putting the shot added two more events to our score, as Stevenson and Gray won an easy victory with puts of 33 feet 2 inches, and 33 feet 1 inch respectively. The quarter mile was won by Howlett (King's), Turner being second; whilst the long jump proved a very close thing between Brummell (Bart's) and Graveley (Guy's); but the Bart's man finally won by 2 inches, with a jump of 19 feet, Graveley jumping 18 feet 10 inches. The 250 yards was won by Wright (St. George's) from Howlett (King's), after a splendid race all the way from the start. The two miles proved a great upset for the fancied man Lewis (King's), as Swabey (St. George's) won easily in very good form in 10 minutes 56½ seconds. For the stranger's handicap of 1 mile, of 50 entries only 26 turned up at the post, and the winner, Boulger (Thames H and H), with a start of 112 yards, won in the good time of 4 minutes 24 seconds, Rendall, the last year's winner, of L.A.C., 132 yards start, being second, and Houstoun, L.A.C., 166 yards, being third. The consolation race was won by Bond (King's),

Munns (St. Thomas's) being second; whilst a capital race between Stanger (Guy's) and Wright (St. George's), which was won by the St. George's man by a foot, brought the day's racing to a conclusion. The prizes were then distributed by Mrs. Marshall, the wife of J. Marshall, Esq., F.R.C.S., the president of the club for the year, who had presented the first prize for the two miles. St. George's then took the champion shield—to be competed for next year—amidst great applause and excitement. After all the other prizes had been distributed, the Inter-Hospital Football Challenge Cup was presented to Wallis, as Guy's had won it last season, this event being greatly applauded. Three cheers for Mr. Marshall, one for Mrs. Marshall, and one for the ladies finished a most successful day's proceedings. In the evening the club dinner was held at the Gaiety, but was rather poorly attended.

It will be seen that Guy's won 2 firsts and 5 seconds—a very creditable performance considering the difficulties that we had to contend with this year. We need not say how delighted we are that our semi-prediction of last week was so nearly proved absolutely wrong: we do not believe we are wrong in saying that had fortune been a little more kind, both trophies would have graced our library. In the name of Guy's we thank and congratulate the men who have done their best for us.

The Wards.

MEDICAL.

The following cases were admitted between June 23 and June 30:—

ADDISON.—1. Exophthalmic goitre. 6. Rheumato-typhoid. 13. Hemiplegia. 15. Bronchitis and emphysema. 23. Perityphlitis (?). 29. Morbus cordis, mitral systolic. 30. Hysteria.

BRIGHT.—6. Perinephritic abscess. 8. Pyemia. 11. Malignant disease of liver—ascites, paracentesis 12 pints. 16. Acute rheumatism—pericarditis. 18. Phthisis.

CLINICAL.—2. Leukemia. 4. Perityphlitis. 6. Peritonitis. 12. Podagra. 17. Aphonia. 22. Malignant disease of neck. 24. Large liver—syphilis. 28. Attempt at drowning. 28. Nephralgia.

PHILIP.—14. Morbus Coxæ. 15. Cephalalgia. 25. Bronchitis and emphysema. 35. Morbus Brightii. 36. Morbus Brightii. 38. Eczema—scabies. 39. Phthisis. 43. Morbus Brightii. 46. Malignant disease of œsophagus.

STEPHEN.—37. Bright's disease. 25. Chronic rheumatism. 36. Pneumonia. 26. Chronic bronchitis—phthisis (?). 32. Partial hemiplegia. 43. Paraplegia. 49. Phthisis. 39. Bright's disease. 20. Pleuritic effusion. 14. Diabetes. 24. Purpura. 1. Psoriasis—(?) specific.

[The House Surgeon has not favoured us with the Surgical admissions this week.]

PRACTICAL INSTRUCTION IN MENTAL DISEASES.

Gentlemen wishing to attend the practical instructions in mental diseases, may visit Bethlehem Hospital during July, on Tuesdays, Wednesdays, and Fridays, at 2 p.m.; and with Dr. Beache's permission, the Idiot Asylum, Clapton, on Tuesdays and Fridays, at 3 p.m.

To Correspondents.

AN EXTERN.—The matter of which you complain has received the attention of the authorities.

MR. J. TODD.—Thanks. We think it will be better to wait until we have the other cases.

OMEGA.—The matter is beyond our province. Evidently "Omega" has not had much experience in collecting subscriptions at Guy's.

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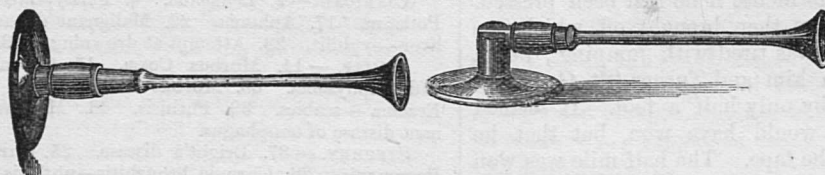
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(See STUDENTS' JOURNAL, April 10th, 1875, page 105).

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Guy's Hospital Gazette.

A Students' Journal of Hospital News, Medicine, and Surgery.

VOL. VI.—No. 11.]

SATURDAY, JULY 10, 1875.

[TWO PENCE.]

THE late primary examination for the Fellowship of the College of Surgeons provoked in the pages of the *Lancet* a controversy with respect to its merits, which was revived again last week. The *casus belli* seems to be the allegation that the older members of the profession are placed at a disadvantage in this examination in relation to those who are still in their studentship.

There is one class of men who would restrict the Fellowship entirely to men who have passed years of their life in practice, and who do not scruple to say that the standard of the examination, at all events in anatomy and physiology, ought to be lowered to suit the requirements of these individuals. They throw out sneers and innuendoes at students, and talk about them as being flush with the "tips" of the dissecting room, and then go on to cavil at the nature of the anatomical questions, their utter impracticability and want of reference to the practice of surgery; they talk largely about practical examination and practical men, and assume that the class of men whose cause they advocate obtain a knowledge of surgery in the course of their practice which it is impossible for the student to obtain, in spite of a protracted course of hospital teaching.

We, on our part, have always been accustomed to look upon the Fellowship of the College as the analogue of the M.D. degree in medicine. There are two classes of men who come up to our medical schools—those who are satisfied with mediocrity, and those who aim at something better. Now, it seems to us, that those of the latter class, who wish to attain a diploma above the common standard in surgery, ought surely to be able to do so.

It seems to us that the position of the College of Surgeons

is that of a body whose object is to advance the pursuit of surgery to the highest position it is capable of; that in the pursuit of this object they establish the Fellowship degree, and maintain what they believe to be the correct standard for establishing the pre-eminence of the diploma. Their position is this, then. Let the degree be open to all comers, and let all who can show a sufficient standard of excellence obtain it. This is the principle on which Doctors of Medicine are made; if it is good for medicine, why not for surgery?

Judging from the table given last week we have the startling fact before us, that the percentage of plucked for the Fellowship of the College is the highest of all examinations in the United Kingdom, being considerably higher than the London M.B., of which the standard of examination is at least as high. This result is doubtless partly due to the influx of "practical" men, those who do not study anatomy for anatomy itself, but only for its surgical bearing, as if any portion of this science were not possible to become practical; but we have no hesitation in saying that it is partly due to a wrong system of examination.

Whether the plan of setting only two questions in anatomy and two in physiology, all being compulsory, is wrong, from its introducing the element of chance, is a question about which much might be said on both sides. It seems to us, however, that absolute perfection ought to be expected from no man. At all events it is certain that the *viva voce* ought to be unlimited as to time, in cases of doubt, and of equal passing value with the paper; and, if this were the case, the man who knew his work would have no cause to tremble, whilst the reverse would be the case for the doubtful man. In short, what we believe is this: the diploma of

Fellow is an exponent of the highest standard of excellence in surgery; that such a degree should be open to all comers without distinction; that if it can be shown, taking into consideration the class of men who go up, that the percentage who fail is too high, the fault is not in the standard, but rather in remediable defects in the system of examination.

MAN is apt to be a copyist, and it is only now and then that we meet with one who refuses to follow in the beaten track, and chooses for himself a new and untried way. We should like to see a larger number of the latter class among medical students, for we fear that there are many who are too ready to accept the opinions and teachings of others, and to hold them as their own, forgetting to "prove all things and to hold fast to that which is good;" or they regard some one man as being almost infallible, and follow him in his theory and practice.

The Scotch surgeon looks to Syme as his great leader, holds his opinions and follows him in his practice. It may be true that they could not have chosen a greater, for he was a good surgeon and a successful teacher; yet to follow even a good man must, to some extent, hinder the progress of the science of which he is a representative, as it prevents freedom of thought, and involves a limited range of action. There are some of the old schools even at the present day who laugh at the clinical thermometer, and refuse to use the stethoscope.

We have met with men from the Scotch Schools who have stated that they have never seen a Chopart's or Pirigoff's amputation of the foot, but that in the place of these Syme's operation is always done.

There is no doubt the last-named operation is an excellent one, but it should only be thought of in those cases in which a Chopart or Pirigoff is out of the question. Here we have an example of what appears to us to be an evil arising out of playing too rigidly the game of "follow the leader."

Perhaps we have been rather harsh in our judgment, for it may be that disease of the bones of the foot, as met with in Scotland, is always so extensive that any operation short of the removal of the whole foot is out of the question.

Those who have lately visited the wards of Guy's Hospital have had an opportunity of seeing the good results following Chopart's operation, and its advantages over Syme's.

It is only by watching and comparing the various kinds of treatment, both medical and surgical, that one is able to form a right estimate of their value; and we cannot too strongly urge on our fellow-students the importance of spending a large portion of their time in the wards, so that they may

judge of the value of various modes of treatment employed and gain an experience for themselves, without being obliged to accept and hold opinions which belong to other men.

NOTES ON HISTOLOGY.

(From Dr. PYE-SMITH'S "*Demonstrations of Practical Physiology.*")
Concluded.

SUPRA-RENAL CAPSULES.

These organs are of so great pathological interest, especially to us who claim Addison as our *capo scuola*, that we should all be familiar with their normal structure.

They were discovered in 1564 by Eustachius, who spoke of them as *glandulae*. Casserius named them *renes succenturiati*, supplementary kidneys; our countryman, Dr. Thomas Wharton, a century later, called them *glandulae ad plexum* (sc. *solarem*); and Bartholinus, of Copenhagen, gave them the doubly misleading title of *capsulae atrabiliariae*. A short and convenient name is the translation of the German *Nebennieren*, used by Professor Owen in his "Anatomy of Vertebrates," ADRENALS.

These organs have nothing to do either in structure or function with true (secreting) glands on the one hand, nor with adenoid (or lymphoid or cytogenic) organs on the other; and such terms as "ductless glands" and "blood-glands" are as misleading when applied to them as "atrabilious capsules." They do not secrete black bile and make people melancholy, as Bartholinus thought, nor do they form white blood corpuscles and make people leuchaemic, as some writers think even now. As you will see, the structure of the adrenals is unlike that of any other organ, and their function is absolutely unknown. Their large size in the foetus, and atrophic condition in adult life, points to their being of comparatively little use after birth,* and the effect they produce, when diseased, on the heart and stomach, with the abundance of their nervous supply, seems to show that directly or indirectly they influence the vagus or other nerves of organic life.

To see their structure the fresh adrenals should be soaked in strong alcohol or in solution of bichromate of potash, then transverse sections made, and these first viewed with an inch or half-inch objective, then pencilled out, and the cells thus removed, as well as the brushed section, examined with higher powers. Carmine staining is not so valuable as in most organs; bichromate of potash colours the medullary cells characteristically in the ox and rabbit, but much less in the human subject.

You find the section bounded by a thin tunic of connective tissue, sending down centripetal processes through the cortex, which divide it into irregular radiating loculi. In most adult adrenals this fibrous tunic is thickened and the surface of the organs puckered by its contraction, like a hob-nailed liver; but in a foetus, or in many of the short-lived lower animals, the surface is smooth. Filling these loculi are closely-packed oval or polygonal cells, as large as a frog's blood disks,

* Riolanus, the French anatomist, who opposed Harvey, maintained of the adrenals: "Esse post partum inutilis, tamquam vietas et marcidas, instar vasorum umbilicalium, adeoque usum quærendum in foetu."

nucleated, and containing more or less of granular matter (more oil than pigment), and sometimes large oil-drops. Close under the tunic these cells are grouped in smaller masses instead of in the longer irregular columns which fill the loculi, and just where a dark line marks the junction of the cortex with the medulla is another series of these smaller groups of cells. Deeper still is the medulla, consisting of cells either lying apart or in groups of two or three, with a delicate interstitial stroma. These medullary cells are smaller and rounder than those of the cortex; they contain more pigment and less oil, and are said sometimes to be stellate in form. This however, probably applies to small multipolar ganglion-cells, which are found, separately or forming microscopic ganglia, in the medulla as well as on the nerves which enter the organ. The interstitial connective stroma of the central medulla differs from that of the cortex in being less distinctly fibrous and more vascular and soft. The cavity often found post-mortem (whence the name supra-renal *capsule*) does not exist during life. The cortex is much larger than the medulla, which only occupies the centre of the organ. There is nothing like the epithelium and basement membrane of a tubular gland, or like the follicles and leucocytes of a lymphatic organ.

The vessels are very numerous, the arteries small, and soon break up into capillaries, which ramify in the trabeculae of the cortex, and end in large veins. These occupy the medulla, and are seen, even in an uninjected adrenal, in cross section, full of blood, and with thick fibrous coats: they open into a single efferent vein. The lymphatics appear not to be numerous: they open into the lumbar glands. The nerves are very numerous, and are derived from the solar and renal plexuses, *i.e.* from the semilunar ganglia and splanchnic, vagus, and, it is stated, the phrenic nerve. They are chiefly distributed to the medulla, and may perhaps end in the ganglion-corpuscles above described.

THYROID.—This organ, like the adrenals, attains its full development in the foetus, and in the adult its pathology seems to be more important than its uses. As we shall see, it is of peculiar structure, utterly unlike the adrenal or the thymus, and more resembling that self-contradictory organ, a "ductless gland," than anything in the body except a kidney with obstructed ureter or an acne-pustule.

To see its general anatomy in the adult, when it has already undergone colloid degeneration, it is sufficient to harder a human thyroid in spirit, and good sections can be readily made. Its perfectly healthy structure, however, and particularly its epithelium, can only be well seen in the fresh organ of a young animal or a foetus.

The tunic of areolar tissue which invests it is very thin, much more so than the fibrous capsule of the kidney or liver, but it sends some strong trabeculae down as sheaths for the great arteries. Between these the interstitial stroma of the thyroid is scanty before birth, but becomes much thicker in the adult. The outer tunic contains elastic as well as white fibres.

The parenchyma consists of numerous closed more or less globular vesicles, the smallest barely visible to the naked eye, many as big as a miliary tubercle, or some forming little cysts, are large as a pea or larger. In section of an adult thyroid these vesicles are seen to be bounded by a hyaline basement-membrane, and filled with a structureless, faintly yellow, transparent, gluey material, which generally has shrunk away from the wall of the cavity. Sometimes adhering to this colloid jelly, sometimes to the basement-membrane, may be seen the remains of a layer of nucleated epithelial cells, transparent, and cubical in shape; but to

see them as a continuous lining membrane, they must be studied fresh in a foetal thyroid. A section is distinguished from that of a true gland by the epithelium being, if present, small, flat and clear, instead of spheroidal, granular, and almost filling the cavity in which it lies, and also by the absence of ducts. It more resembles a section of lung, particularly when the epithelium lining the vesicles has fallen away in both; but the stroma between is much thicker, the vesicles more unequal, and some much smaller than those of the lung; acetic acid shows less of elastic tissue, and there are of course no sections of bronchial tubes to be seen.

The vessels of the thyroid are numerous. It is distinctly an arterial organ, as the adrenal is a veno-capillary, the uterus, spleen, and corpora cavernosa veno-sinuous, and the kidney an arterio-capillary one. Indeed it has been suggested that its large arterial supply makes it a kind of diverticulum for the brain, as the spleen is for the portal system. It swells during the menstrual period in women, and also in cardiac disease, and it partakes in the vascular dilatation of the remarkable condition known as Exophthalmic goitre. As in the kidney, disease of the thyroid may affect (1) the stroma, producing what the Germans call *struma fibrosa*; (2), the parenchyma, cystic bronchocele (*struma cystica*); (3), the arteries, pulsating or aneurismal bronchocele (*struma vasculosa*), including exophthalmic goitre. If to these you add (4) hypertrophy of all these tissues together, as in the mixed forms of endemic bronchocele, and (5) degenerative changes, especially calcareous hardening and lardaceous deposit beginning in its arteries, you have practically exhausted the diseases of this curious organ, for it is not liable to acute inflammation or to tubercle, and cancer, whether primary or secondary, is exceedingly rare.

A STUDENT'S NOTES OF Lectures on Midwifery.

By J. BRAXTON HICKS, M.D., F.R.S.

PELVIS—(*continued.*)

MOLLIETIES OSSIIUM PELVIS.—Cordiform, cocked-hat, Y shaped, crumpled, &c. The form of this kind of deformity depends upon the various pressures exerted upon a plastic condition of the bones *after* puberty. It will be remembered by you that when describing the pelvis I called your attention to two triangles, one connected with sitting and one with standing. The bases of the sitting one were the tuberosities of the ischia, having its apex in the base of sacrum, while that related to standing had its base in each acetabulum, and its apex in the base of sacrum; the line passing through the plane of the brim, inside by half-an-inch of the ileo-pectineal line. In the pelvis before puberty this line is coincident with that of the side of the standing triangle; there is no part of the brim outside, consequently when the bones are ricketty the acetabulum does not approach the sacrum; in other words, this part of the pelvis does not bulge in towards the apex as in the mollieties ossium kinds. In this class of pelvis we find in extreme cases every portion subjected to pressure displaced, but it will be observed all these movements are towards the common centre. However severe this may be, in most cases the actual line of the conjugate is not so much decreased, but as the acetabula are pushed in, the

width of this unaffected portion is reduced often below a finger's breadth, and thus is produced the Y-shaped form. A glance at this kind of pelvis will show the great difficulties it presents both to labour and artificial delivery; indeed, it often makes both impossible. In many cases delivery would not be impossible if we had only the brim to contend against, but we are prevented from reaching it by the contraction of the outlet and cavity. Hence, in judging of the probabilities of delivering *pervias naturales*, we must consider this point first of all. The difficulties are greater than appear at first sight, and in the minor cases are apt to be very deceptive if we are careless and unobservant. The disease which produces this curious change in the bones has been called, besides the name just given, *osteomalakia* and *malacosteon*. There are two principal clinical varieties, one in which the bones are soft and flexible, the other in which the bones become brittle. In each there is a very marked lessening in the weight, the earthy portions being removed to a large extent; but in the more brittle variety the animal portion also has been removed. It is supposed to be a kind of inflammation of the bone, causing fatty degeneration of the animal portions, and subsequent absorption. This disease, though common to both sexes (here is a specimen from a man brought into the dissecting room) is much more frequently found in the female, and it is most often observed in her during the child-bearing period, and again during pregnancy. It generally is a chronic complaint, recurring each successive pregnancy. The general symptoms are not well marked, but there is always a complaining of rheumatic pains, hectic fever, and excess of phosphates in the urine. It sometimes, though very seldom, occurs about puberty; in such cases the pelvic distortion is rather after that of rickets, a compound of the two. I had one such case under my care. Again, I saw a patient, a widow, about 47, for menorrhagia. In trying to examine the uterus I could scarcely reach the os, on account of the contracted state of the brim, which would scarcely permit the finger to pass, and which kept the uterus above. She had been delivered about two years previously, without trouble. Again, we not very infrequently see the slowly progressive recurrent form. In these, each successive labour becomes more difficult, and at last impossible; and these cases are not usually sufficiently striking at first to call attention to the real nature of the complaint; not until the difficulty becomes severe is it suspected.

OBLIQUELY OVATE PELVIS, of various kinds and degrees, causes difficulty in delivery to an extent dependent on the amount and direction of the deformity. In most cases the position of the head will be altered to suit the altered form, for in all labours, as I have already told you, the head comes down in the direction which is easiest, unless by chance it become impacted. In using instruments, therefore, this must be borne in mind. Besides this, in using forceps, one of the blades is very apt to press unduly on the contracted side, and in marked cases of deformity much care must be employed; and indeed it is sometimes impossible to use them at all without causing damage. This variety generally takes its origin in a diseased hip-joint, or indeed in anything affecting the free use of the limb; not infrequently also in slightly ricketty persons who had stood on one leg, or had carried a baby always on one arm.

NEGELIS, OBLIQUE OVATE.—So called from its first describer, is a very marked and curious deformity. There is a great obliquity, the sacro-iliac synchondrosis on one side is seen to be firmly ankylosed, and was probably so in very early, perhaps foetal life. The pelvis on this ankylosed

side is less developed than the other. The rounding of the brim on one side fails; that side is straighter, so that the longest oblique diameter is that from the ankylosed joint to the opposite acetabulum. The head has to adapt its longitudinal diameter to this oblique diameter of the pelvis before it can pass through; the application and use of the forceps is difficult, and require much care.

But I have known of two specimens where there was an ankylosis of both sacro-iliac joints. There was no rounding transversely. The brim was reduced to a very narrow ellipse, the longest diameter being the conjugate. Both these required Cæsarean Section. The outlet was equally bad.

SPONDYLOLITHESIS.—This variety is very rare. It consists of the ankylosis of the lowest lumbar vertebra to the front of the first element of the sacrum. It is supposed to have originated in the disease of the sacro-lumbar cartilage, which allows the vertebra, urged by the weight of the trunk, to glide forward and then downward, after which ankylosis occurs, which finally fixes it. It consequently contracts the conjugate diameter, somewhat in the same manner as in reniform pelvis, generally reducing it by two inches. It is, therefore, a very important disturbance, viewed clinically. The loops each side, however, permit delivery more readily than is possible in the malakosteon pelvis.

EXOSTOSES may encroach on the bony canal of the pelvis from any point and to a variable extent. They occur but seldom, and are dangerous in proportion as they encroach, or leave but little room in any direction. Besides these they are additionally dangerous when they are pointed and spicula-like, so that when pressure is put on them they penetrate the soft parts, inflicting serious or irretrievable damage.

Regarding the modes of delivery in this class, as also in all other abnormalities of the pelvis, a strict examination, under chloroform if possible, must first be made (passing the whole hand as far as practicable), and then if craniotomy be necessary, the mutilated head must be adapted to the form, not by blind pulling, but by clear purpose, according to ordinary mechanical principles.

Electricity.

BY JOHN HENRY SANDY,
Electrician to the Hospital.

It having been suggested from time to time that a short and really practical description of the electrical apparatus employed at Guy's Hospital, and generally used for medical and surgical purposes, with an outline of the usual mode of application, would be useful, I take this, the earliest opportunity of carrying out the idea—at the same time not without feeling my inability to do full justice to the subject. The hope that, however imperfect the effort may appear as a whole, there may still be some atom of usefulness to compensate the reader for the time spent in its perusal, must be my apology, as nothing but known facts will be dealt with.

Persons with a limited knowledge of electrical matters are frequently, and not unnaturally, perplexed by the number of terms used to denote what appears so many kinds of electricity; my first effort will therefore be directed to making these terms as easy of comprehension as possible.

In Guy's Hospital Formulæ, under the heading of "Electricitas," the three kinds of electricity employed are very clearly defined as follows :—

"ELECTRICITAS.

"(a.) Galvanism.

"The continuous current evolved from a galvanic battery of a variable number of elements.

"To be applied by means of suitable conducting wires and sponge holders, as directed.

"(b.) Faradisation.

"Induced currents, evolved from an ordinary induction coil by primary currents from a single pair of plates, or by a magneto-electric machine.

"To be applied by means of covered metallic conductors or sponge holders as directed.

"(c.) Frictional Electricity.

"Electricity evolved from the rotatory glass machine. The patient to be placed on an insulated stool and connected by means of a chain with the primary conductor of the machine.

"Sparks to be taken with a metallic conductor from any part desired; or the Leyden jar to be discharged as directed by means of insulated conductors.

"(d.) The Galvanic Cautey.

"An actual cautey, consisting essentially of a piece of platinum wire heated by the transmission of a continuous galvanic current from a battery of great electro-motive force."

It is my intention to deal with the subject in the order here given—except that the galvanic cautey battery will be described among the other galvanic combinations.

The first (Galvanism) is often spoken of as the "continuous," "direct," "primary," "galvanic," voltaic" current, &c. The second (Faradisation) is known as "induced," "interrupted," "intense," "electro-magnetic," "magneto-electric" current, &c.; and the third (Frictional Electricity) is referred to as "Franklinism," "static" electricity, "electric sparks," "shocks," &c.; and although the sources of electricity here described differ so materially, the currents themselves really differ only in condition—that is in quantity and intensity, or the power of overcoming resistance offered to their passage. Galvanism may justly be described as a quantity current of comparatively low tension, while frictional electricity is of the highest tension and the least quantity; and Faradisation is between the two. The following experiment will be sufficient to illustrate this fact, viz. :—

If a Daniel battery, consisting of fifty elements, be applied, by a perfectly dry metallic conductor, to the dry skin, scarcely any sensation is excited, the muscles of the limb are not contracted, and no spark is emitted at the points of contact; on applying Faradisation in a similar manner we produce some muscular contraction, a sensation of "pins and needles," as it is commonly called, is excited, and small sparks are emitted at the points of contact producing a "cracking" sound; while frictional electricity not only readily overcomes the resistance offered by the dry skin, but is capable of passing through a considerable space of dry air, varying of course according to the capacity of the instrument employed. If we fully charge a large Leyden jar with twenty revolutions of a machine capable of giving a spark

say of two inches in length, on discharging the jar the spark will not only be much shorter—possibly not more than half an inch long—but will take the form of a round ball of fire, and give a loud report, instead of the thin zig-zag thread-like cracking spark discharged from the primary conductor. The explanation is that the current from the Daniel battery, being of low tension, has not the energy to overcome the resistance of the dry epidermis (which, according to Volta, Homboldt, and Rittler, offers more resistance to electricity than any other part of the human body); Faradisation is of sufficient intensity to overcome this resistance and the small space of air necessarily intervening between the points of contact, hence the cracking sound and sparks; thirdly, frictional electricity being of the highest tension—resembling the lightning flash—readily passes through the air. The charge of the Leyden jar is accumulated electricity, and nearer approaches the quantity current. We have the quantity of electricity evolved by one turn of the machine multiplied by the number of revolutions; not intensified, because it is, so to speak, poured into the jar, and collected in bulk or volume; but from Faraday's researches we are taught that the quantity of electricity evolved from one cell of the Daniel battery is infinitely greater than could be produced by fifty revolutions of a frictional machine.

In my next paper I purpose to deal with the various galvanic batteries employed for medical purposes.

General News.

THE mortality from measles in Fiji is estimated at 20,000.

HOSPITAL SUNDAY has produced a total of about £26,000.

A CASE of death from the administration of ether, with notes by Dr. B. W. Richardson, was recorded in last week's *Lancet*.

THE latest idea with respect to coffins is to have a thin glass lid to the coffin, which the weight of earth would break.

PROF. BOTTINI, of Novara, has just removed the larynx of a healthy young man, which was obstructed with a tumor. The wound has healed, and the case, save future accidents, may be looked upon as successful.

A DIGNIFIED "opening for medical women" is shadowed forth in last week's *Lancet*. It is nothing less than the supervision of the harems in Turkey. Surely, would-be female doctors have good reason to say, "an enemy has done this."

THE poll for the Council of the College of Surgeons was as follows :—

*Mr. Prescott Hewett	...	...	...	127
*Mr. Cooper Forster	...	...	...	110
*Mr. Birkett	...	...	...	109
Mr. Spencer Smith	...	...	...	97
Mr. Alfred Smee	...	...	...	30
Mr. Hussey	...	...	...	29

* Elected.

SMALL-POX INOCULATION IN THE WEST OF IRELAND.—We (*Medical Press and Circular*) have no difficulty in expressing unqualified gratification that one of the county Sligo small-pox inoculators has met with his deserts last week. The pursuit of the trade of these fellows and their imposition upon the ignorance and superstition of the western peasantry has cost the province of

Connaught 220 lives within the last three months, and, up to the present time, it has been found impossible to bring the crime home to the perpetrators, they being unanimously protected by the peasantry and—we shame to say—by respectable farmers, by means of the grossest and most palpable perjury. On this occasion, however, two or three infuriated mothers of children who had died by the prisoner's inoculation were induced to swear the truth, and the criminal, Charles Stenson, was sent to penal servitude for five years. This may have some effect in checking the practice; but the law will never be satisfactory until the parents themselves can be held responsible as parties to the crime of inoculation.

Obstetrics.

Early on Monday morning the Junior was called to see a case where hæmorrhage had occurred. The Extern had been called at 3 a.m. Between 12 and 1 o'clock the patient (she was nearly at her full time) was suddenly seized with pain in the abdomen, and a great discharge of blood per vaginam. She had not expected her confinement just then, but since the flooding pain continued in the abdomen, yet there were not any true labour pains. Junior arrived about 4.30, and found patient much blanched, cold, pulse feeble and frequent; no blood then escaped, and there were no true labour pains. The head was presenting normally, and had engaged the inlet, but had made no advance since Extern first examined. Junior then sent for Senior, as the head had advanced little if anything in the interval, and as no uterine action sufficient to expel the child in any reasonable time existed, and taking into consideration, too, the patient's state, they determined to call in Dr. Galabin. No deformity of any kind was detected. The long double-curved forceps were put on by the Senior, and he proceeded to extract, a dose of secale having first been given. Considerable traction was required, but eventually a dead male child was delivered. The cord formed a single loop round its neck. The placenta was removed immediately, and a considerable amount of blood clot came with it. It is worthy of note here that before the head was delivered a thin blood-stained fluid kept draining away. A hand was kept on the uterus for quite an hour after delivery, manipulating gently, as though the uterus contracted well at first; it once or twice had a tendency to become relaxed, and a dribbling of thin blood from the external parts caused anxiety. More ergot too was given. However, about 9 a.m. the uterus was firmly contracted, and the dribbling had ceased.

It is an interesting fact that though this was the twelfth confinement, the eleven previous had all been with still-born children at the seventh month. The patient had been advised to come into the Hospital before this confinement, with the hope that by so doing she might have a living child.

The placental margin was near that of the ruptured membranes, showing an attachment near or partly within the cervical zone of Barnes. The structure itself had undergone degeneration all along its margin, and was anæmic and firm and gristly.

On Tuesday morning patient was doing as well as could be expected.

New Books.

A Treatise on Food and Dietetics. By F. W. PAVY, M.D., F.R.S. London: J. and A. Churchill.

THE fact that this work has in so short a time run through its first edition is the best proof that it has supplied a needed want, and its merit is displayed by the appreciation it has received. The subject is one that shows pre-eminently the practical bearing of physiological research, and it is one that is of the utmost importance to mankind in general, for food is the source of all our bodily and mental power, and of the machine by which this power is put in action. It is not then to be wondered at that a work written by such a thorough master of the subject as the author should have met the reception it has. The work is written in a clear and lucid style, which, without being unscientific or popular, is in great part sufficiently easy of comprehension by the general reader. In the first portion of the book Dr. Pavy has given us the physiology of digestion as far as it is known at the present day, he has pointed out in what particulars our knowledge is deficient, and has laid before us impartially the evidence of the subject, drawing his conclusions in a clear and logical manner. To speak more in detail, he has traced nitrogenized or non-nitrogenized food in their transit through the system, he has shown us what they do, and what is the relative value of one to the other. The author being, as we know, a patient worker in this branch of physiology, has been able to enrich the book with the results of many of his own observations, and notably, when treating of sugar, he has clearly and concisely stated the views for which he is distinguished, relating to its transit through the economy.

In an interesting section on gelatine, he has pointed out an important fallacy in the report of the Commission on the subject, and a complete resumé of the state of our knowledge regarding alcohol is given.

Coming then to the practical part of the subject, the author gives us a detailed account of the various animal substances used as food, not only those that are in common use, but almost all those that are eaten throughout the universe; and when we mention snakes and crocodiles, this assertion will not be said to be too sweeping. The section on meat is eminently practical, and perhaps this is especially true when the author treats of it when unwholesome. An interesting account of the *Trichina Spiralis* is given. It is useless, however, to single out particular examples. Dr. Pavy has given us a detailed account of certainly every substance in ordinary use as food, and many that few have heard of before, and whilst he has sketched what is of scientific interest, in no case has a practical point been forgotten. A long and important section is given up to the subject of wines and spirits. The concluding part of the book is devoted to the principles of dietetics, the quantity of food required, a comparison of animal and vegetable food, the times of eating, the effect of cooking, and the diets for training for thinness and stoutness; and therapeutical dietetics, amongst many other subjects, are as fully and ably treated as are the items we have already mentioned; and an important section is given on the dieting of infants. Finally Dr. Pavy has given us the diet scales of the principal London and many of the provincial hospitals. In so short a sketch as this we have found it impossible to do justice to so important a landmark in practical physiology as this work is.

It is a book that no student should fail to read, and no practitioner should be without; there is very little in it cumbrous or useless, and very much that is indispensable.

Lessons on Prescriptions, and the Art of Prescribing. By W. HANZEL GRIFFITHS. Macmillan and Co.

MANY of our readers are doubtless familiar with some useful works by the same author; in the present little volume the author has fully sustained his reputation. We had no idea, before reading the book, what snares and pitfalls there are, even in so simple a matter as writing a prescription, and how much art there is in the combination of pills and potions. However, in a small work of 150 pages, clearly and concisely written, the reader has the whole matter put before him. We can commend the work to the attention of the student, and candidates for the Hall will find it specially useful, and we believe the practitioner will find in it many a useful reference in cases of difficulty.

The Surgery.

The following were some of the most important cases treated in the Surgery during the month of June:—

Teeth extracted, 298; fractured ribs, 24; fractured clavicle, 32; fractured humerus, 7; fractured ulnar and radius, 4; fractured radius, 13; fractured ulna, 3; fractured metacarpal bone, 4; fractured lower jaw, 2; fractured nasal bones, 1; dislocation of shoulder, 4 (3 sub-coracoid and 1 subglenoid); dislocation of elbow, 1 (both bones backwards and outwards); dislocation of scapula, 1; dislocation of fingers, 5; dislocation of thumb, 1; amputation of finger, 2; scalp wounds, 59; burns and scalds, 16; synovitis of knee, 15; diarrhoea, 80; run over, 4; foreign bodies in eye, 9; lime in eye, 1; foreign bodies in nose, 3; foreign bodies in ear, 8; needles in hand, 4; thorns in hand, 4; dog bites, 9; human bites, 6; monkey bite, 1; kneedle in knee, 1; stricture or retention of urine, 9; hernia, 5; ophthalmia, 3; drunk (stomach-pump), 1; wound of eyeball, 1; gonorrhoea, 5; paraphymosis, 5; in-growing toe-nail, 1; hydrocele tapped, 1; tongue-tie, 7; division of ulna artery, 1.

Eye Wards.

Mr. Higgins performed the following operations last Monday, the 5th:—

1. A case of atrophy of the retina, with contraction of the visual field. Iridectomy was performed downwards and outwards to enlarge the field of vision.

2. A case of old granular lids, with opacity of the cornea. Iridectomy done downwards and outwards in both eyes. The operation was performed in order to make an artificial pupil behind the clearest portion of cornea.

3. Case of corneal opacities. Iridectomy done downwards and inwards in both eyes.

4. Staphyloma of cornea. Iridectomy done upwards and inwards.

5. Iridectomy done downwards, and a quantity of soft lens matter removed.

[We are indebted to Mr. H. Duke for the above.]

The Wards.

MEDICAL.

The following cases were admitted between June 30 and July 7:—

ADDISON.—Cot. Pyrexia—(?) cerebral. 29. Phthisis. 34. Morbus cordis. 39. Phthisis.

BRIGHT.—3. Acute rheumatism. 8. Sub-acute rheumatism. 11. Abdominal. 20. Pleurisy. Cot. Albuminuria, after scarlatina.

CLINICAL.—1. Perityphlitis—acute peritonitis—death. 3. Diabetes. 22. Epilepsy—hemiplegia. 23. Hysteria. 25. Pleurisy.

MARY.—8. Acute Bright's disease. 21. Sub-acute rheumatism.

PHILIP.—17. Paralysis—aphasia. 19. Perityphlitis. 29. Typhoid fever. 1. Morbus cordis—double aortic and mitral bruits. 3. Acute albuminuria, after scarlatina. 5. Chronic gastritis(?). 14. Morbus Brightii. 15. Morbus cordis—aortic systolic. 24. Right hemiplegia.

STEPHEN.—3. Phthisis—pneumonia. 5. Acute rheumatism. 5. Apoplexy—hemiplegia—death. 10. Apoplexy—hemiplegia. 12. Diabetes. 12. Constipation. 14. Chronic bronchitis—dropsy. 27. Dropsy. 32. Aneurism, thoracic and abdominal. 41. Malignant disease of pelvis(?). 46. Lead colic. 48. Phthisis. 50. Rheumatoid arthritis.

SURGICAL.

The following cases were admitted between June 30 and July 7:—

ACCIDENT.—4. Injury to spine. 11. Compound fracture of leg—amputation. 21. Fractured tibia and fibula. 23. Fractured fibula. 29. Pott's fracture.

CORNELIUS.—2. Stab in thigh. 3. Fractured forearm and abdominal bruises. 19. Fractured fibula.

JOB.—8. Periosteal abscess. 11. Disease about shoulder. 17. Stricture of urethra.

LAZARUS.—1. Disease of knee. 6. Epithelioma of cheek. 7. Epithelioma of scrotum. 8. Malignant growth in groin. 9. Fistula in ano. 20. Morbus Coxæ.

LUKE.—6. Nævus. 9. Disease of knee-joint. 11. Stricture of urethra.

LYDIA.—3. Ostitis of tibia.

MARTHA.—3. Fractured fibula. 2. Aphonia. 18. Scalp wound. 18. Run over. 18. Glandular abscess. 20. Compound fracture of humerus. 21. Synovitis of knee. Cot 1. Fractured thigh. Cot 2. Run over.

NAAMAN.—11. Morbus Coxæ. 12. Stricture of urethra.

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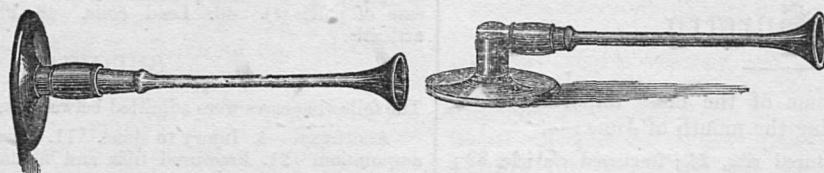
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Guy's Hospital Gazette.

A Students' Journal of Hospital News, Medicine, and Surgery.

VOL. VI.—No. 12.]

SATURDAY, JULY 17, 1875.

[TWO PENCE.]

THE system of indiscriminate charity which prevails at all our large hospitals is, without doubt, in some respects, a pernicious one, at all events we think this would be the opinion of any one who has had any experience of our own out-patient departments. Our term of assistant dresser forced this conclusion upon us most emphatically, for we were called up continually to attend to patients whose appearance gave the lie to the necessity of their being applicants for charity; we found, on account of the numbers applying for advice, it was as much as we were able to do to go through the routine in a mechanical way, and had no time to give that attention to cases of interest which we would gladly have done, or even to go so thoroughly into those cases that we did treat. If it were possible in any way to purge our out-patients of those who had no right to charity, everybody would be gainers; we could give our time up more thoroughly to the deserving poor, and we ourselves should gain knowledge in the treatment of disease. But there is another way in which hospitals are far from being an unmixed good. They are calculated to engender habits of improvidence amongst the working classes. "Catch me saving my money for sickness. What are the hospitals for, I should like to know?" Those were the exact words of one of these people to a friend of ours, and we think they represent, to a great extent, the opinion of a large section of the community. The remedy for this state of affairs is, doubtless, very far removed—in fact, we doubt if the matter can be mended; but we would ask our readers whether the much abused "provident dispensaries," when well and conscientiously conducted, are not doing a good work in this direction.

DEAN STANLEY has done for medical students a service, for which they will be ever grateful. In an address to the students of St. Thomas's Hospital—a part of which we have extracted and printed in another column—he defends the medical student against those gross and unwarrantable imputations it has been the fashion to level against him since the times when Dickens and Sydney Smith drew their amusing, but exaggerated and offensive, descriptions of the student of their day. Against the injustice of those descriptions as applicable to the mass of students, or indeed to any in our own time, the medical papers have protested, and students' journals have waged incessant war, but apparently with but little effect upon the general public; for it constantly happens that persons guilty of some disreputable conduct, on being brought before a magistrate, lyingly declare themselves to be medical students, as if to be a medical student were like becoming a lunatic—an excuse for behaving in an unbecoming or indecent manner. To aid in dissipating this ancient stigma we have gained in Dean Stanley a warm and powerful ally. "All the professions," he says, speaking of doing good to the human race, "have this for their object indirectly, but your profession and my own profession are the only two which have this direct beneficence for their object. The clergyman and physician must be inseparable allies. Looking over all the professions, if you take the best of all the various classes of students, the best specimen of all is the best kind of medical student." He then went on to show how false is the assumption that, by becoming familiar with the sufferings of others, the members of our profession grow indifferent to the feelings of their patients. Dean Stanley has noted, what mere superficial or bigoted observers are apt

to misinterpret, that the study of our profession, by bringing men into contact with frequent emergencies, imparts to them a coolness in danger which is the result of knowledge; and that beneath the cloak of self-control, which is essential to the success of a surgeon, there often rests a heart as warm and sympathetic as that of the most demonstrative of sensational preachers. We have further to thank Dean Stanley for defending the members of our profession against the vulgar charge of Atheism, which an ignorant few—blind as the infatuated believers in Johanna Southcote—are ever ready to level against a class of superior intellect to themselves. In the days of witchcraft the study of science was often punished by loss of life; in our own time there is so far an advance, that scientific knowledge only endangers moral reputation.

A STUDENT'S NOTES OF

Lectures on Midwifery.

By J. BRAXTON HICKS, M.D., F.R.S.

PELVIMETRY.

ALTHOUGH, amongst ourselves, the measuring of the pelvis has been much disregarded, yet on the Continent very considerable attention has been paid to this subject; and in my opinion justly so, because by it we are put in possession, not only of the type to which the pelvis we are examining belongs, but also the actual measurement of the principal working diameters. Of course, the whole data for delivery are not before us till we have examined the child's head, and its relation in point of size to the pelvis through which it has to pass. It is not, however, only in present or impending delivery that pelvimetry is of use, but we have often to determine the period at which labour should be induced in a case of abnormality. So that with a due knowledge both of the form and of the principal diameter of a pelvis, we may with almost complete certainty of good result fix the best time for induction. In such cases we calculate upon the probability of the head being about the average size, but of course occasionally, when the head is over-sized, error will arise; but we allow a little margin for a possible over-size in the head, and then if difficulty in delivery occur, the employment of forceps or version will enable us to overcome it. In actual labour, the patient being under the influence of an anæsthetic, we should introduce the hand within the vagina and make a careful exploration as already I have advised you.

METHODS OF MEASURING.—Digital.—This is a ready, and with care a tolerably accurate mode; and indeed in most cases of delivery the only one at command. The thumb is extended to the utmost, the fore and middle fingers close together are extended also, while the others are flexed. Every one of you should know the distance between the last joint of the thumb and the tip of each finger. The two first fingers being well greased are to be passed within, while the thumb is left out in contact with the front of the pubes.

This gives the diameter of the effective conjugate. If the tip of the fore finger is brought into contact with the promontory of the sacrum, and the distance between the thumb and it we know to be five inches, all that remains to be done is to deduct the thickness of pubes and soft parts:—say this is $\frac{3}{4}$ of an inch, then $4\frac{1}{4}$ will stand as the approximate measurement. If the promontory of the sacrum be reached before the thumb comes in contact with the pubes externally, it is best to measure off upon the fore finger the position of the external surface of the pubes; this can be readily done by pressing down one finger nail of the other hand so as to leave an indentation. This will remain some minutes after removal from vagina, and can be readily measured. If from tip of middle finger to thumb your hand measures $5\frac{3}{4}$, then it is clear that if the tip only just reaches the promontory, the conjugate is 5 inches, which is ample enough for any child. all other diameters being also good.

To complete the internal digital examination you should sweep the fingers round in the transverse diameter and the oblique, and the outlet also should be examined. This can be done quickly by the back of the hand externally pressing in the perinæum, when you can quickly perceive how much of the hand is admitted. Of course the fingers can be passed internally abreast, and the width thus gauged. Then the coccyx should be examined externally and internally, to see if it incurve, or is fixed.

PELVIMETERS.—These are of various kinds, adapted to external and internal measurement.

THE CALIPER is as simple as any, and very efficient. That one which goes by the name of Martin's is the best. It is large enough to include the hips, &c., when used from the external antero-posterior diameter. The points end in a small knob, and on the upper part of the shanks is a dial whereby we can read off at once the distance between the points in English and French measure. The patient is made to lie on her back, with the night-dress smoothly drawn down. The pelvimeter spans the pelvis; the points are placed on the cristæ-iliæ at the extreme distance across the alæ. This can be best found by moving them along the crest and watching the dial, taking the greatest measurement. Supposing this is not below eleven inches, we should say that this is normal. The next diameter is that between the anterior-superior spinous processes. This in a normally developed pelvis should be two inches shorter than the former one. By so much as it is below this, we say by so much the development of puberty has failed. In other words, the girlish character remains to that extent. The patient is then made to lie on her side, and the external antero-posterior is taken by spanning the hip, placing one point of the pelvimeter over the symphysis pubis about its centre, and the other over the centre of the base of the sacrum. This position is best made out by following the edge of the crest of the ilium backwards to the posterior spinous process, then by noticing the spines of the lower vertebræ the centre is not difficult to trace: it will be about the level of the posterior spinous process. Read off the dial. Supposing, then, this indicated 7 inches, we have to deduct the thickness of the bones, *i.e.*, the base of sacrum and of symphysis pubes with soft parts. These latter can be reduced to a minimum by pressing firmly during reading the dial. Taking the average of numerous pelves, it has been found that the pubic bones are rather under $\frac{3}{4}$ inch, whilst the sacrum is about $2\frac{1}{4}$ inches. Sometimes it is more. I have by direct measurement found it in one distorted pelvis to be 3 inches. Generally we may take off 3 inches from the outside measurement, and this will leave 4 inches for the

conjugate of a pelvis having 7 inches antero-posterior diameter outside.

But in all cases it is better to take the actual diameter. This is done indirectly by the same instrument, the patient lying on her side. One arm of the instrument is passed per vaginam up to the promontory of sacrum, guided by the fingers; the other is passed externally up to the centre of base of sacrum, as shown above, and the dial observed—say it was $2\frac{1}{2}$; the arm of the instrument is carefully withdrawn from the vagina, and re-passed, but the other arm is passed between the thighs to the centre of parts over symphysis, so as to measure the thickness of the bones at this part. Say we find it $\frac{3}{4}$ inch. These two being added together, the sum is deducted from the external antero-posterior measurement, and the result gives the effective diameter inside; in other words, thickness of pubes = $\frac{3}{4}$ inch + thickness of sacrum = $2\frac{1}{2} = 3\frac{1}{4}$; deduct this from total external diameter: $7 - 3\frac{1}{4} = 3\frac{3}{4}$ conjugate.

Besides this method of measuring, there are instruments which take the diameter directly. Two arms are passed up the vagina, one being longer than the other; this is applied to the promontory of sacrum, the other to the symphysis inside. The dial on the handle indicates the diameter.

Or you may pass a rod, graduated in inches, up to the promontory; on it can be placed an upright limb, which can be slid along it. With care the rod can be introduced. The upright limb can be made so as to pass inside or outside, according to arrangement. It should be curved differently in either case. When used inside, the upright should be pressed against the inside of symphysis; and outside, against the external pubes, or some such arrangement has been placed on the hand, using the finger instead of a rod. But for practical purposes, the easiest, I think, is that with Martin's pelvimeter, taking the external diameter first, and then the thickness of sacrum and pubes as above described.

When we have ascertained the actual diameter of the conjugate of the pelvis and the probable type, we are enabled to determine the date at which it is advisable to bring on premature labour. You will see here a short table of the average size of the biparietal diameter of the foetal head and different periods of inter-uterine life.

Weeks.	Size of Head. Inches. Lines.	At full term the biparietal is $3\frac{1}{2}$ inches to 4. So that with antero-posterior diameter of 3 inches, labour should be induced somewhere about four weeks before full term. As before remarked, we may allow the diameter of the head to come quite up to that of the conjugate, because we may reckon up natural
29	2 7	
30	2 8	
31	2 9	
35	2 10	
36	2 11	
37	3 0	

or artificial compression, or turning to effect sufficient reduction if any slight impediment be found.

Pelvimetry also is able to take cognisance of the obliquities of the pelvis, and it is always advisable to examine the pelvis of any woman who may engage you to attend her in her confinement, if she should walk peculiarly or halt in her gait.

The obliquities of the pelvis is obtained by measuring from posterior superior spine of the alæ to the posterior edge of the tuber-ischii on the opposite side. The converse of this is then taken, and comparison made. Other measurements may be taken according to the form of obliquity suspected. As already pointed out, injuries to the leg in childhood, or even during puberty, will often cause a very marked oblique distortion of the pelvic bones. In that form called Nægele's the persons always walk limpingly.

Electricity.

BY JOHN HENRY SANDY,

Electrician to the Hospital.

(Continued.)

From whatever source electricity be generated, whether from friction, chemical decomposition, magnetism, or induction, the current so produced is open to many modifications; and, before proceeding to describe the construction of galvanic batteries, it may be well to first glance at some of its fundamental laws.

The following conditions are invariably necessary to the generation of galvanic electricity. The zinc always forms the *positive plate*, and whether copper-platinum, platinized silver, carbon, or any other element be used in combination with it, they are always negative to it, and therefore form the *negative plate*. At the same time the zinc plate always forms the *negative pole* of a battery, and all other elements, of necessity, form the positive pole. The explanation of this apparent anomaly is simply that the electricity is first generated upon the surface of the zinc (positive) plate, it then traverses the exciting solution and is, so to speak, collected by the metal forming the negative plate, from whence it may be conveyed to any desired spot by conducting wires, as is the case in telegraphic operations. The *positive plate* of a battery is the element upon the surface of which the electric current is generated—the *positive pole* of the battery is the terminal from whence the current leaves the battery, which is always the opposite end of the positive plate.

The quantity of electricity excited in a galvanic battery depends upon the superficial area of the positive plate exposed to electrical excitation—the intensity of a battery depends upon the number of cells or pairs in the combination. One pair of plates, say six inches square, will give as great a quantity of electricity as fifty pairs the same size; but the intensity of fifty cells will be fifty times greater than one cell—the first cell gives the quantity of the whole series, the intensity being multiplied in direct ratio to the number of elements employed; to illustrate this take the one six-inch pair, and cut it into thirty-six pairs one inch square—this battery of thirty-six pairs will give one thirty-sixth part of the quantity of electricity that the original pair gave, intensified thirty-six times.

In the year 1800 Volta constructed his Voltaic pile, with which all are familiar, and in speaking of it all that is necessary, is to say that all our galvanic apparatus is built upon the foundation of this discovery. The first liquid battery was Volta's crown of cups.

The *Cruikshank battery* was the first convenient form of liquid battery devised, and even to the present day is not to be cast aside. It has many faults, but notwithstanding that, I have found it a most useful instrument in the wards of the hospital. It consists of a trough of wood, into which are cemented a series of plates of copper and zinc soldered together, and placed so that all the zinc sides should face in one direction, and the copper the other, forming so many cells or compartments—these cells can be filled with salt and water, solution of sulphate of copper, or a weak solution of sulphuric acid, but to render the battery portable I have filled it with

sawdust and moistened it with either of the above solutions. The battery is troublesome, it requires frequent cleaning and charging, hence it requires more attention than can usually be bestowed upon these matters. One of the greatest objections to using sulphate of copper is the deposit of metallic copper upon the zinc plate.

The *Daniel battery* overcomes all the difficulties except portability; it is clean and constant, but the cells are necessarily large, and being filled with liquid cannot be made portable. This battery consists of an outer jar of glass or porcelain, and an inner chamber of half-baked clay which is sufficiently porous to allow the water to percolate through it without any of the salts used as an excitant doing so; the inner chamber has a cylinder or strap of copper placed in it, and is filled with a saturated solution of sulphate of copper which is kept so by placing some crystals of the salt in with the copper strip. In the outside jar a cylinder of zinc is placed, and the jar filled up with clean water. This is the most constant battery yet arranged; a modification of which by Muirhead, may be seen constantly in use in the electrifying room.

The *Smee battery* consists of a plate of platinized silver placed in a frame on each side of which is clamped a plate of amalgamated zinc. The excitant is dilute sulphuric acid, and a great quantity of electricity of great electro-motive force may be got from this battery; it is principally used for the primary circuit of induction coils, and is undoubtedly the best battery yet arranged for that particular purpose. There are various modifications of this form of battery—the platinized silver is replaced by a carbon plate, and the excitant used is a solution of sulphuric acid and a little bi-sulphate of mercury thrown into it, this has the advantage of keeping the zinc plates amalgamated with mercury. This form is known as the *Marie Davy battery*.

The *bichromate of potash battery* consists of one plate of zinc clamped between two plates of carbon, so that each of its sides are faced by one of the carbon plates; the excitant used is a solution of bichromate of potash and dilute sulphuric acid. The battery has enormous galvanic energy, but unfortunately its action is of so short duration that it is of very little practical use; it is useful for the galvanic cautery where its action is only required for a very short period, but the decomposition of the liquid is so rapid that it could not be depended upon for a succession of operations. Dr. Althaus, in his book, speaks of some attempts that have been made to overcome this difficulty, but they appear to have failed.

Operations.

TUESDAY, June 29th.

Mr. Howse excised the knee-joint of a man *æt.* 28. Three years ago disease of the joint came on, and as it progressed the tibia and fibula became dislocated backwards and the knee flexed extremely. Nearly five inches of the bone had to be cut away before the contracted tissues behind the joint would permit extension to be made.

Mr. Howse performed excision of the knee-joint on the patient, whose knee he had previously tapped on the 15th ult. After this the fluid again increased and the joint pre-

sented symptoms of disorganisation, so further interference became necessary.

FRIDAY, July 2.

Mr. Forster removed the right breast of a woman for carcinoma. Her mother and grandmother both died of cancer.

TUESDAY, July 6th.

Mr. Forster operated for cure of recto-vesical fistula on a boy *æt.* 18. Fifteen years ago he was cut for stone at another Hospital, and since then has passed most of his water by the rectum. Some time ago Mr. Forster pared the edges, and brought them together, the result being a partial closure of the opening. *Operation.*—The boy was placed on his back, and anus opened by a univalve speculum. Mr. Forster then pared the edges, and passed through the left side two silver-wire sutures, through the right side two silk sutures, leaving the loops of the silk in the bowel. The wire sutures were then slipped into the loops of silk, and the latter withdrawn, taking the wire with them. The wire was then twisted, and so the edges approximated.

Mr. Durham excised an epithelioma from the inside of the right cheek. An incision about $1\frac{1}{2}$ in. was made from the right corner of the mouth, the coronary arteries twisted, the flaps turned back, and the growth removed.

The next case was one of Chimney Sweep's Cancer. The scrotum and penis were greatly involved. An incision was carried freely round the diseased mass, and the penis, scrotum, and testes being dissected out, the whole mass was removed by the galvanic *écraseur*. Afterwards some indurated glands were removed from each groin.

Mr. Forster removed by the knife a subcutaneous *nævus* from a boy *æt.* 18. It was situated below the right jaw.

Mr. Bryant amputated through the right knee-joint of a boy aged 16. Patient was first admitted into the Hospital last December, with displacement of both tibiae and fibulae backwards, and contraction of the joints, following scarlet fever. The left knee-joint was excised, and did well, and patient went out for a time; when re-admitted the right knee was fixed to an angle of about 60° , and tibia and fibula displaced backwards.

Mr. Howse operated for necrosis of the hand, following pyæmia.

WEDNESDAY, July 7th.

Mr. Howse amputated by the mixed method, at the middle third of the thigh, for a smash of the upper part of leg and lower part of the thigh. The parts were much bruised and knocked about, and air was infiltrated into the tissues. The operation was performed antiseptically.

Mr. Colley excised under the spray the hip joint of a man aged 37, for old disease.

[We are indebted to Messrs. A. L. Bowen and A. G. Lacy for the reports of Messrs. Durham and Howse's operations respectively.]

FRIDAY, July 9th.

Mr. Howse excised a subcutaneous *nævus* (from an infant), which was situated just below the left lower eyelid; the growth involved the deeper structures to a considerable degree.

Mr. Colley excised knee-joint of patient in 14 Job. The

joint was disorganised by rheumatic antritis of 12 months' standing.

TUESDAY, July 13th.

Mr. Howse excised the elbow-joint of a boy, for pulpy disease. The lower end of the humerus was considerably diseased and hardly recognisable as that structure. A small sequestrum was found lying deeply in the joint, which was filled with pulpy material. Pronation and supination were wanting. This operation was done antiseptically.

Mr. Bryant explored the ankle-joint of a man who was suffering from old disease. The os calcis was found to be much necrosed. The diseased portion was removed.

STATISTICS OF OPERATIONS FOR CALCULUS VESICÆ.

In the *Lancet* for April 3 Sir H. Thompson gave the following statistics of 100 cases of stone in the bladder:—96 were in males, 4 in females. In 87 lithotripsy was performed; in 9, lateral lithotomy. Mean age of the 87 was 63.5; of the 9, 63.5. The mortality from lithotripsy was 4.59, or about 1 in 22; from lithotomy, 22.2 per cent.

In July 2nd *Lancet*, the same surgeon gave the results of an extensive series of inquiries into the condition of patients on whom lithotripsy had been performed, at periods of from 13 months to 2½ years from the operation. 11 cases were dead; 34 living. 28 of these enjoy good health, at a mean age of 63.5; 6 have signs of recurring calculus, two of which have had newly-formed calculi removed.

The following are the records of 19 cases of lithotripsy which have occurred in this Hospital from 1868 to 1874:—16 were in males, 3 in females; 16 recovered, and 3 died, or the deaths were 15.7 per cent. The ages of the three deaths were 59, 63, and 64. An analysis of the whole number is as follows:—

Age.	No. of Cases.	Result.	Per-centage Fatal.
Below ... 15 yrs.	2	All recovered.	...
Between 15 and 40 "	3	"	"
" 40 and 60 "	8	7 recovered, 1 died.	12.5
" 60 and 72 "	6	4 " 2 "	33.3

Of lithotomy the reports of the Hospital during the same periods show the following results. The numbers are, with the exception of two volumes of cases, the whole of the cases of lithotomy that have occurred from 1868 to 1874:—61 operations of lithotomy have been performed. 59 were in males, and 2 females. 52 recovered, and 9—or 14.7 per cent.—died.

Analysis of whole number of cases:—

Age.	No. of Cases.	Result.	Per-centage Fatal.
Below ... 15 yrs.	34	All recovered.	...
Between 15 and 40 "	6	5 recovered, 1 died.	16.66
" 40 and 60 "	17	12 " 5 "	29.4
" 60 and 68 "	4	1 " 3 "	75.0

General News.

DEAN STANLEY ON THE MEDICAL PROFESSION.—Dean Stanley, in the course of his address to the students of St Thomas's Hospital said, " Nothing could be more delightful to contemplate than a number of young men who were growing up to devote themselves to a career which had for its object nothing less than to do good to the human race. All the great professions, no doubt, had this for their object indirectly, but their profession and his own profession were the only two which had this direct beneficence for their object. The clergyman and physician must be inseparable allies. Looking over all the professions, if they took the best of all the various classes of students, the best specimen of all was the best kind of medical student. There were three reasons why a good medical student ought to be better than the student of any other profession. First of all, he had to deal with human suffering—the alleviation of human suffering and doing good to mankind in the most direct form. There was a very striking passage in 'Scenes in Clerical Life,' by George Eliot, in which was described how all the various doubts and difficulties, speculations and despair of a man shrunk away to nothing when he entered an hospital. In an hospital there was no intervening obstacle between themselves and doing good. There they met with every sort of creed and opinion that could be presented to them, and yet always in a form that demanded nothing but their sympathy, nothing but their endeavour to perform their duty towards the suffering, nothing to rouse theological or scientific or any other sort of odium—only the one single purpose of enabling their patients to recover their health, or be what they were intended by their Creator to be in their passage through life. There was another reason. Some might think that familiarity with the sight of human suffering might cause them to lose sympathy with it, but, judging from what he had seen of medical men outside hospitals, he had invariably found that their interest in and sympathy for their poor suffering patients was as great as if they never met with any other cases of sickness and suffering in the world, so that it would seem that, instead of having their minds deadened by witnessing suffering, they were quickened. That he trusted would be the case with all medical students who had anything whatever in them that was worth living and worth dying for. Then, again, some people thought that having their attention so much fixed on the external frame, it might lead them to disparage and to put on one side the spiritual and the moral part of human nature, but, in point of fact, and again judging from the most distinguished surgeons and physicians he had known—he thought he might say they all had known—this was not the case; but it was the case that physicians and surgeons of any eminence at all, so far from having their minds fixed or their hearts corrupted by having their attention fixed on the outward physical frame, were perhaps even more than other persons led to feel the difference, the everlasting difference, between what was merely external and what was inward and spiritual."

NOTICES.

The following appointments were made at a meeting of the Medical Council, held July 9, 1875:—

OBSTETRIC RESIDENTS.—H. Clarke (Sept.), H. Duke (Oct.), A. H. Jones (Nov.).

DRESSERS.—Bull and Finch (Mr. Forster), Brenchley (Mr. Durham), Romano and Green (Mr. Bryant), G. Davis (Mr. Howse).

EYE WARDS.—D. C. Morgan, D. T. Evans.

CLINICAL ASSISTANTS.—Carrington, Lancaster, Coley, Symonds, Baker, Shadwell.

P.M. CLERKS.—Reynolds and Brett, Oct., Nov.; Amphlett and Dutton, Nov., Dec.

OBSTETRICK OUT-PATIENT CLERKS.—Newman, Amphlett, Cusack, Sept., Oct., 6 weeks; Brett, Burton, Simons, Oct., Nov., 6 weeks.

MEDICAL WARD CLERKS.—Gathergood, Wilkinson, Instone, A. C. Parker, Gross, Kavanagh, J. S. Clowes, J. Mackern, T. Duke, G. W. Butler, C. Slatter.

ASSISTANT SURGEON'S DRESSERS.—Stevenson, Gilbert, W. P. Turner, J. Todd, C. K. Shaw, Perry, G. Mackern, J. W. Collington, to Mr. D. Colley; Richardson, Evans, H. Soul, to Mr. Lucas; Pickering, Birdwood, Lane, to Mr. Golding-Bird.

DRESSERS IN THE SURGERY.—Roper, Chubb, Paddicombe, Masters, Lawdell, H. S. Scott, L. M. B. Jones, Crookes, McCree.

SURGICAL WARD CLERKS.—A. C. Otway, Chubb, Hart, Uhthoff, Horrocks, Meek, J. Poland, W. S. Scott.

ASSISTANT SURGEON'S CLERKS.—Taunton, Hart.

(Signed) J. C. STEELE, Supt.

PHYSICAL SOCIETY.—Members intending to read papers before the Society in the Session 1875-6, are requested to send in their names to one of the Honorary Secretaries, with the title of the paper, if possible, by the end of *August*.

(Signed) FREDERICK TAYLOR,

J. C. STEELE,

B. CLEMENT LUCAS,

July 14th, 1875.

Hon. Secs.

The following gentlemen have passed the primary examination for the membership of the college this week:—

Tuesday, July 13,—Messrs. Jee, Liebstien, and L. B. Jones.

Wednesday, July 14,—Messrs. Dell, Masters and Stevens. L.R.C.P. Edin., June 30, 1875, B. Jumeau, M.R.C.S.

The Treasurer's Gold Medals.

COMMENTARY ON A CASE IN MEDICINE.

THURSDAY, JULY 8, 1875.—10 to 1 a.m.

A person, aged 45, of strong and muscular frame, and who had enjoyed good health except hæmorrhage from piles, was seized about a year before his death with pain in the left shoulder and in the upper part of the chest on the left side. He had no cough and no pain during respiration, but pain was produced by sneezing. There was no febrile disturbance; the tongue was clean, the pulse compressible, and the respiratory sounds were more feeble at the left than at the right infra-clavicular region. Four months later the pain in the left shoulder and chest had increased in severity, and extended down the left arm. The patient appeared in a tolerable healthy state, but his countenance was pale and expressive of distress; he was "never easy;" there was slight enlargement of the veins about the upper part of the chest below the left clavicle, and

the ribs were pushed a little outwards, so that on exposing the chest the left side was observed to be a little larger than the right; the respiration was still feeble, and there was no bronchial respiration nor voice, and no cough, but there was dulness on percussion at the upper part of the left side of the chest; pulsation could be felt about the end of the third costal cartilage on the left side, but no bruit could be heard. The sounds of the heart were normal; there was some difficulty of breathing, the pulse on the left side was more feeble than on the right side. During the following months there was increase of pain in the left arm, with gradual loss of power in the arm, and the pulse became more indistinct; the pulsation however was less marked. There was no febrile disturbance, no dysphagia, and no enlargement of glands; and, except that the pain was very severe, his general health appeared good. The abdominal organs presented no evidence of disease. After a time, however, the pain being very severe and constant, his strength failed, and he gradually sank.

Explain the nature of this case; give the reasons for your diagnosis. What would you find on post mortem examination, and what treatment would you adopt?

COMMENTARY ON A CASE IN SURGERY.

FRIDAY, JULY 9, 1875.—10 to 1.

A boy, aged 13, was quite well nine weeks ago, when, after a severe fall, he had pains in his left knee, and about two days afterwards in his right knee. The left knee began to swell. A swelling extended in this leg from the knee downwards to the foot, but there has not been any swelling in the right knee or leg; he complained of intense pain in both.

Four weeks after this attack an opening came over the shin and a great deal of pus came away—one or two more openings formed afterwards. He has been very ill, and gradually wastes, but has not complained of pain anywhere else than in his legs.

When first seen his condition was as follows;—He is lying in bed with both knee-joints flexed; the right is devoid of swelling, the skin over it is desquamating, and the leg is dislocated at the knee-joint backwards off the condyles of the femur. There is no fluid in the joint; the bony prominences are well defined. The left leg is also dislocated backwards off the femur, and there is some evidence of fluid in the joint below the patella. The skin over this joint is red and thickened. Immediately to the inner side of the left popliteal space, behind the femur, there is a small opening discharging a copious amount of thick and rather offensive pus; about the middle of the leg there is also another opening discharging pus. There are also sloughs about the size of half-a-crown below the inner malleolus and on the dorsum of the foot. There are also one or two openings in the calf. The boy complains of such intense pain that no examination can be made.

The lad was under treatment one year, and was then quite well.

You will fully explain this case, giving an account of the pathological change before and at the time he was first seen; also the reasons why his recovery was so protracted as a year. You will also give an account of the treatment that you would have adopted.

ROYAL COLLEGE OF SURGEONS.

ANATOMICAL AND PHYSIOLOGICAL EXAMINATION.

1.—Describe the physical and chemical characters of chyle, and the changes it undergoes in its course from the intestines to the thoracic duct.

2.—Describe the structures of the fibres of a voluntary muscle, and of the heart; and the phenomena of contraction in voluntary and involuntary muscle.

3.—Describe the course and relations of the occipital artery; and mention in order the parts which must be removed to expose it from its origin to the back of the head.

4.—Describe the medulla oblongata; and trace the columns of the cord through the medulla to the centres above it.

5.—Describe the relations of the pancreas, and the dissection necessary to expose it.

6.—Describe the attachments, relations, and uses of the ligamentum teres of the hip-joint, and of the crucial ligaments of the knee-joint.

Cricket.

GUY'S v. ST. GEORGE'S

The following match was played July 1 on the Eton and Middlesex ground, and resulted in a victory for Guy's on the 1st innings.

ST. GEORGE'S.

1st Innings.

J. F. D. Willoughby, b. Boughton	...	...	9
J. W. Swabey, st. W. Gray, b. Wallis	...	...	5
H. W. Shettle, c. Lacy, b. Wallis	...	...	17
H. D. Mackay, c. Wallis, b. Boughton	...	...	18
C. M. Tuke, l. b. w., b. Boughton	...	...	3
C. C. Miles, b. P. Gray	...	...	9
B. B. Fox, b. P. Gray	...	...	1
H. H. Eden, b. Wallis	...	...	1
A. L. Tate, not out	...	...	2
S. T. Creagh, b. P. Gray	...	...	0
Extras	...	...	4
			69

2nd Innings.

J. F. D. Willoughby, b. P. Gray	...	...	0
H. W. Shettle, not out	...	...	37
H. D. Mackay, b. Boughton	...	...	17
C. M. Tuke, c. b. Boughton	...	...	22
A. L. Tate, c. Hetley, b. Boughton	...	...	19
S. T. Creagh, b. P. Gray	...	...	0
Extras	...	...	6

GUY'S.

1st Innings.

H. Hetley, b. C. M. Tuke	...	...	12
V. Chapman, c. Swabey, b. Mackay	...	...	35
P. E. Wallis, b. C. M. Tuke	...	...	19
P. Gray, b. H. H. Eden	...	...	7
E. Amphlett, c. Tate, b. Mackay	...	...	2
A. G. Lacy, c. Miles, b. Mackay	...	...	1
C. Collins, b. Mackay	...	...	3
H. Bryden, not out	...	...	7
G. Palmer, run out	...	...	0
Extras	...	...	8
			94

M.D. UNIV. LOND.

—:0:—

Second Scholar.

And what are the studies you here pursue?
What is the course you here go through?

First Scholar.

The first three years of the College course
Are given to logic, alone as the source
Of all that is noble, and wise, and true.

Second Scholar.

That seems rather strange, I must confess,
In a medical school: yet, nevertheless,
You doubtless have reasons for that.

First Scholar.

O yes.

For none but a clever dialectician
Can hope to become a great physician.
That has been settled long ago.
Logic makes an important part
Of the mystery of the healing art.
For without it, how could you hope to show
That nobody knows so much as you know?

—LONGFELLOW.

The Wards.

MEDICAL.

The following cases were admitted between July 7 and July 14:—

ADDISON.—2. Chronic rheumatic arthritis. 9. Intermittent fever. 11. Chronic gastritis. 21. Refilling (?) of hydatid cyst. 24. Disease of temporal bone (?)

BRIGHT.—1. Acute rheumatism. 25. Phlebitis. 22. Phthisis. CLINICAL.—16. Tetanus. 21. Pleuritic effusion. 23. Abdominal tumour.

MARY.—7. Tonsillitis. 16. Syphilitic eruption. 17. Cephalalgia. 22. Cirrhosis.

PHILIP.—2. Morbus cordis, double aortic bruit. dropsy. 6. Chronic rheumatism, syphilis (?) 8. Acute rheumatism. 13. Sciatica. 18. Phthisis. 27. Emphysema. 32. Phthisis. 40. Cynanche Tonsillarls. 44. Morbus cordis, aortic regurgitant. 45. Locomotor ataxy. 50. Bronchitis, emphysema.

STEPHEN.—12. Diabetes. 33. Cirrhosis. Phthisis, recovery from Pneumonia (?) 43. Laryngitis. 47. Phthisis.

SURGICAL.

The following cases were admitted between July 7, and July 14:—

ACCIDENT.—2. Hemiplegia. 2. Fractured spine—death. 3. Fractured tibia and fistula. 4. Ditto. 5. Ditto. 9. Severe scalp wound. 10. Fractured patella. 11. Compound fracture of leg—amputation. 22. Bruised leg. 24. Ditto. 36. Compound fracture of femur. 30. Severe burn.

CHARITY.—8. Wound of vagina. 9. Morbus coxæ. Cot, Spinal abscess.

DORCAS.—1. Disease of hip. 3. Supernumerary toe. 5. Fractured femur. 12. Compound fracture of leg. 22. Pott's fracture. 23. Disease of ilium. Cot. 1. Fractured femur. 2. Paraphymosis. 3. Disease of knee.

LAZARUS.—20. Talipes. 8. Malignant growth in groin. LUKE.—3. Disease of elbow. 5. Abscess in neck. 7. Stricture. 13. Fistula in ano. 16. Necrosis after amputation.

LYDIA.—23. Neurosis. 8. Necrosis of jaw. 5. Disease of knee-joint.

MARTHA.—9. Talipes. 23. Morbus Coxæ. 18. Abscess in neck. 19. Necrosis of metatarsal bone. 21. Necrosis of ulna.

NAAMAN.—20. Caries of skull. 15. Epithelioma of scrotum. 14. Retention of urine—puncture per rectum. 12. Stricture.

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(See STUDENTS' JOURNAL, April 10th, 1875, page 105).

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Guy's Hospital Gazette.

A Students' Journal of Hospital News, Medicine, and Surgery.

VOL. VI.—No. 13.]

SATURDAY, JULY 24, 1875.

[TWO PENCE.]

WE have often wondered on what principle it is that so much importance is attached to the student being signed up for vaccination, whilst a course of operative surgery on the dead subject is not considered essential. Are those sagacious bodies the examining boards, or whoever it is that has the framing of the regulations, aware what a solemn farce the whole affair is, and how easy a matter it is to get the required certificate? Our readers will understand that what we are demurring at is the fact that a small matter which any ordinary student could master in an hour is made an opportunity for mulcting us to the extent of another guinea for the benefit of no one but the Public Vaccinator, and we are sure that if vaccination is efficiently performed under the existing regulations and *teaching*, that such an exaction is unnecessary. We are thus strong in expressing our opinions because we have the evidence of our own eyes as to the way the thing is done, and we have the experience of our "*Studentship in Vaccination*" in our mind's eye. We like consistency; if the College of Surgeons gives a man a right to perform surgical operations, no matter how grave, without his having previously operated on the dead subject, there is no necessity, for so small a matter as vaccination to be so imperative. At all events, we are sure that an inspection of an ordinary class of operative surgery would convince those who frame the regulations for medical students that such a course ought to be compulsory as the other is. If they saw the mistakes that are made, amusing under the circumstances no doubt, but of incalculable gravity at another time and place, we are sure that they would hesitate at turning over men to try their "prentice hands" on their fellow-creatures, without having done their utmost to train those

hands for their work. It may doubtless be said that experience of the dissecting room is sufficient, but it is only those students who have gone through a course of practical surgery who are able to estimate how great a difference there is between dissecting and operating; for we ourselves have seen men who have been well known for skilful dissections make mistakes in operating that would entail the gravest consequences in actual practice.

WE print in another column the "pass and pluck" list at the College of Surgeons. We have on more than one occasion dwelt upon our success this year at the primary examination, and not without good reason, for we find we have the satisfaction of heading the list; we shall say no more, but having achieved this honourable position we trust that our men will look upon and maintain it as our normal position. We cannot, however, explain why it is we are only sixth on the list for the pass examination, in spite of the opportunities for practical work our men have, whilst University College, where the advantages are of necessity much less, heads the list. Our men must see to this, for we are sure the fault lies with them alone. There is, however, a fallacy in comparing these figures, which probably explains a great deal; it is obviously wrong to compare the figures of a school sending up a percentage of 3.5 candidates, with one sending up 96.83. We find out of this last number Guy's had 23 rejections; whilst, if we add up the totals of the Westminster, Charing Cross, Middlesex, St. Mary's, St. George's, and the London Schools, we get a grand total of 87.96, or less than Guy's, with 23.83 rejections.

AT a meeting held at Bolton, a short time since, Dr. Ferguson, the certifying factory surgeon, laid before his audience some facts regarding the deterioration in strength and size of frame, as observed by him, in the children of the working classes of that town who are brought before him in his official capacity to be certified as being physically fit for employment in factory labour.

His remarks, the result of long and careful observation, are worthy of our attention not so much from the novelty of the evil of which he speaks—for the tale is thrice-told—but from their importance as shewing, in the first place, how much the existing evil might be lessened by the interference of legislation; and, secondly, how insufficient are the present means of mitigating the evil which are placed in the power of those who are both able and willing to use them effectually. The causes of this deterioration are four, as given by Dr. Ferguson, and may be summed up as:—

1. Want of, or improper, food.
2. Abuse of stimulants.
3. Abuse of tobacco.
4. The employment of the labour of children at too early an age.

We would speak especially of the last of these as being the one which ought to be the most under control, and which at present does not seem so.

It appears that by the power given him by the law, a medical man may refuse to give a certificate for a child on two grounds:—1. Want of proof of sufficiency of age. 2. Physical incapacity from ill-health to perform the work required. It is here the difficulty lies. A medical man may often feel morally certain that by certifying, he is about to injure, perhaps destroy the child whom he would protect, and is perhaps equally certain that by refusing for some indefinite period he may at the end of it sign with safety; but here his hands are tied, where they should be free. There is no discretionary power of refusal for some period which he may use in a case of doubt.

An ignorant parent anxious to have every shilling for the present use of his family would strongly protest against the doctor being able to stop his child from work on the chance of future evil, but we maintain that it is on this point of the doubtful future that the opinion of the medical man should weigh, and we think that the State should trust him with this discretionary power, to be used as he thinks fit.

CASE OF PNEUMONIA, FOLLOWED BY PNEUMO-THORAX.

Henry Welcher, æt. 23, admitted into John Ward, Oct. 17, 1875, under Dr. Habershon. Family history—good. Has always enjoyed good health. On Oct. 11, was taken with violent shivering, felt very cold, but perspired profusely; was obliged to take to his bed, which he has kept since. Did not catch cold or get wet previous to illness.

On admission—Lies in bed, looks a strong and well-

nourished man. Breathes rapidly. Has a circumscribed flush on each cheek. Chest—dullness behind on right side as high as spine of scapula, also bronchial breathing, bronchophony, and increased vocal fremitus in this region. On left side breath sounds are increased. Complains of pain occasionally in right side, but no rub can be heard. Heart—sounds normal. Tongue—white furred. Urine—scanty, no albumen, abundance of chlorides. Sp. gr. 1025. Bowels—regular. Sputa—rather viscid, and slightly rusty. T. 104.2; P. 124; R. 44.

Oct. 18.—Very flushed, skin dry, short loose cough. Ordered Mist. Ammon. Acet. $\frac{3}{i}$. 4 t.h. Milk and beef-tea.

Oct. 19.—Sub-crepitant rales over right lung posteriorly.

Oct. 20.—Dulness still, in same region. Perspired profusely. Ordered poultices over chest. Mist. Salina $\frac{3}{i}$. 4 t.h. 2 eggs.

Oct. 22.—Sub-crepitant rales over right base behind; sonorous rhonchi at upper part. Tongue red at tip, the rest white furred.

Oct. 24.—Feeble breath sounds in right side, also diminished vocal fremitus. Wine $\frac{3}{viij}$.

Oct. 26.—Dulness remains the same. Quite at base there is increased vocal fremitus; above this it is normal. Tongue slightly furred. Sputa viscid, frothy, and tinged of a light brownish-yellow colour.

Oct. 27.—Cough continues; expectorates a deal of frothy mucus. Bronchial breathing and bronchophony over right base. R. Liq. Morph. $\frac{3}{v}$, Ext. Cinchon. Liq. $\frac{3}{x}$, Mist. Salina $\frac{3}{i}$, 4 t.h.s.

Oct. 29.—Slightly increased vocal resonance at right base, but diminished tactile vibration. T. 103.4. Ordered Pil. c. Col. gr. x. statim. Emp. Lyttæ. 6×4 lateri dextro. R. Mist. Ammon. Acet. $\frac{3}{i}$, Liq. Morph. Acet. $\frac{3}{v}$, Pot. Bicarb. $\frac{3}{i}$, 4 t.h.

Nov. 2.—Behind breath sounds are feeble, and accompanied by rales. In front resonance and breath sounds are good, and a few rales are heard. Cough troublesome. Quantity of bronchitic expectoration. Ordered Pil. Doveri nocte maneque sumenda; Haustus Sennæ $\frac{3}{i}$ statim.

Nov. 3.—Mist. Quinæ. $\frac{3}{i}$ b.d. Pil. Doveri gr. v. nocte maneque. Wine $\frac{3}{iv}$.

Nov. 5.—Pleuritic rub over right nipple. Is wasting. T. 103.4. P. Mist. addi. sing. dos. Pot. Iodid. gr. v. Fish.

Nov. 12.—Hot bath. Spits a good deal. Bowels open. Does not sleep much. Skin hot.

Nov. 26.—Cough still troublesome. T. 101.8. Ordered meat.

Nov. 30.—Bronchial breathing over right apex, moist sounds at base. A little blood in sputa. T. 100.6.

Dec. 3.—Ordered Ol. Morrhuæ $\frac{3}{ss}$ b.d.

Dec. 17.—Rales over both lungs behind. Dulness behind on right side still. Bronchial breathing and bronchophony at right apex.

Jan. 4.—Removed to Stephen, No. 27, under Dr. Wilks.

Jan. 8.—No pleuritic rub can be heard. Sputa purulent.

Jan. 16.—Dulness on both sides behind. Resonance on both sides in front. Getting thinner. T. 100.5.

Jan. 18.—Right side, drummy in front, respiration puerile, but vesicular all over. Left, harsh respiration all over. Posteriorly, resonance not good at either base, but worse at right base. Right apex and over scapular region very dull. Deficient respiration all over. Fine crepitation occasionally at bases. Tactile vibration marked on right side, but deficient at left base. Sputa still very abundant and frothy. T. 101.8, P. 120, R. 40.

Jan. 21.—Bronchial breathing both sides in front. Bronchophony on right side as low as nipple, on left at apex only. Heart not displaced. T. 98.4. Diarrhoea. R. Pil. Doveri omne nocte.

Jan. 22nd.—R. Acid. Sulph. Dil. m. x., Tr. Opii m. xv., Aqua Cinamonii $\frac{3}{4}$ i. p.r.n.

Jan. 23rd.—A rhonchus is heard behind, at end of inspiration, which is most marked at right base. Depression under each clavicle, but most on right side. Sputa still purulent and abundant. T. 100.

Jan. 27th.—T. 100.

Jan. 28th.—T. 98.4.

Feb. 15th.—Left apex expands badly, and there is distinct crackling on deep inspiration. Right side still dull all over. Crepitation heard at times on deep inspiration, and it expands badly. T. 98.4.

March 2nd.—T. 100.8.

March 19th.—Still dullness behind at base of right lung, which does not expand as other; there being no breath sounds and no vocal resonance. Rather sick. R. Acid. Sulph. $\frac{3}{4}$ xv., Tr. Camph. co. $\frac{3}{4}$ i., Decoct. Hamatox. $\frac{3}{4}$ i., 4 t. h. Pil. Scillae c. Ipecac. Nocte maneque.

March 23rd.—Left side in front generally flat. Resonance good, and respiratory murmur vesicular.

April 3rd.—Had cold shivers. Complains of shortness of breath, and feels weaker. R. Mist. quinae $\frac{3}{4}$ i., t.d.o.

April 13th.—Cold shivers again.

April 20.—Cold shivers.

May 3.—Right side hyper-resonant in front. Expiration coarse, inspiration vesicular. Increased vocal resonance below clavicle on right side. Posteriorly the right side gets but little air into it, and there is crepitation, but no bronchial breathing. On left side there is a good deal of crepitation at base.

May 10.—Still expectorates copiously pus and frothy matter. Wasting. Skin hot. T. 100.8, P. 108.

May 14.—Puerile breathing on left side; right side breathing good in front, but distant behind. Often vomits his medicine but manages to keep down his food.

May 24.—Omit medicine, as he suffers from severe headache.

June 1.—Symptoms the same, except slight rales on left side. R. Mist. Quinae $\frac{3}{4}$ i. t.d.s., wine $\frac{3}{4}$ vi.

June 10.—Amphoric breathing can now be heard in front about 4th interspace. T. 98.6, P. 120. R. Acid. Sulph. dil. m. x., Tr. Opii. $\frac{3}{4}$ xv., ex Aqua Cinn. $\frac{3}{4}$ i., 4 t. h.

June 15.—Less expectoration and cough. Sterno-mas-toidei and scalmi much used in respiration.

June 19.—There is a marked change for the worse. Drops of sweat on face. Heart's rhythm quickened. About 11.30 last night his breathing became distressed, but after being given some brandy he rallied. At 6.30 this morning he vomited up about a pint and a half of dark brown fluid.

June 24.—Muco-purulent sputa much increased, and of a very disagreeable odour.

June 25.—Expectoration less. Feels that he wants to bring it up, but cannot. It is slightly tinged with blood again. Amphoric breathing much more marked. On placing the hand on the chest there is a peculiar thrill felt, both during expiration and inspiration (not vocal fremitus, which is also present). Pulse weaker.

June 26.—Feels better. Expectorates more easily.

June 29.—Amphoric breathing louder. No bruit d'airain. Sputa still smells disagreeably.

Autopsy.—Lungs: No cavities. About a quart of pus in

right chest. Both lungs full of tubercle. Pin-hole in right lung, communicating with pleural cavity. The 4th rib of right side was in part quite denuded of periosteum. Liver, spleen, and kidneys: Lardaceous. Kidneys had also scrofulous disease. In one there was a patch of the latter situated in the body of a pyramid (which is unusual), and extending up into cortex. Intestines lardaceous almost throughout.

REMARKS BY DR. WILKS.—It will be seen that this man was in the Hospital nearly nine months, being admitted with acute pleuro-pneumonia, which terminated in a local empyema, and finally caused death by the production of lardaceous disease of all the organs of the body.

The case is one of great interest, as it is one which is far from uncommon, and raises the inquiry as to the propriety of operative treatment in the modified forms of pleurisy. There is every reason to believe that the true nature of cases of this kind is constantly overlooked, and that death by consumption is the return which is frequently made. When, however, the fact of a local pleurisy is determined, the best treatment to be adopted is by no means agreed upon. A patient, for example, has acute pleurisy or pleuro-pneumonia, and in a few days recovers from his severer symptoms; he remains, however, slightly feverish, and is seen not to be making a good convalescence. An examination of the chest shows that respiration is inaudible or indistinct at one part, which is also totally dull on percussion. The opinion formed is that the inflammatory products are not yet quite absorbed, or that the layers of lymph are becoming organised. Another month, perhaps, then elapses, finding the patient in much the same condition, both constitutionally and as regards the state of his chest. Now it is that the inflammatory products should be regarded as in all probability of a purulent nature, and an exploratory trocar be introduced. In the present case, owing to the distant bronchial sounds, it was thought that the pleura was simply becoming thickened, and by invading the lung the latter might be undergoing the cirrhotic change. It is to be regretted, however, that on the other supposition, the existence of purulent matter, paracentesis was not attempted.

Cases of the present kind—that is, of local pleurisy—constitute the most difficult in which the question of operation has to be considered, for in well-marked cases of general effusion the rule of practice is clear. To tap the patient if the oppression of breathing be very great; to do the same when medicinal means have failed; to operate also if there be reason to believe that the chest is full of pus; but a condition when the inflammatory products are limited to one spot, and no urgent symptoms exist, constitutes a case where the mode of treatment is not so evident. The present case, however, coupled with some similar ones, would seem to indicate that when signs of local pleurisy have long continued, an exploratory operation should be performed.

It may be interesting to remark that this man was well until the attack which brought him to the hospital, and therefore we are enabled to judge of the length of time required for the production of universal lardaceous disease. The tubercles in the lungs were probably recent.

NEW ORGAN FOR THE CHAPEL.—A very handsome new organ is now being erected in the chapel by Messrs. Gray and Davison, at an expense of some £270. The old instrument, which was quite unworthy of the Institution, has done duty for many years past, and the frequenters at the Chapel Services will not be sorry that it has been heard for the last time, while no doubt they will equally appreciate the liberality of the Governors in providing the new one.

Electricity.

BY JOHN HENRY SANDY,

Electrician to the Hospital.

(Continued.)

There have been a great number of galvanic batteries arranged for medical purposes—in many the actual quality required of the battery has been entirely overlooked. Dr. Althaus, after describing the water battery and explaining that the tension is very high while the quantity is very small, says "For medical use, however, just the opposite is required, viz., a large quantity and comparatively little tension." This I have found true in its entirety. I have tried batteries of various sized plates to test this, and I find that in lead palsy and in local facial palsy—where Faradisation does not affect the paralysed muscles—the larger the plates the better the result with galvanism.

THE GALVANIC CAUTERY.

The most useful battery for this purpose is the Grove arrangement, which consists of an outer jar of glass or porcelain and an inner chamber of half-baked clay, of a similar character to those used for the Daniel arrangement. In the porous chamber is placed a strip of platinum foil, and in the outer jar a cylinder of zinc thoroughly amalgamated with mercury, the inner chamber is filled with pure nitric acid, and the outer jar filled with dilute sulphuric acid, usually one part of strong acid to five or six parts of water. I have found four cells five inches deep by three inches across strong enough for any cautery operation.

The Bunsen battery is precisely similar to the Grove in its general arrangement, except that a plate of graphite is substituted for the platinum foil; it is a much less costly arrangement than the Grove, but at the same time is not so reliable in its action, and even in its best condition does not give such good results as the Grove battery, but still it is often used for cautery operations.

The battery used in the hospital is Middledorpf's arrangement of the Grove battery. It consists of four large cells ten inches deep and four and a half inches in diameter. In its charge it originally required two Winchester quarts of pure nitric acid, weighing about 15 pounds, and two Winchester quarts of dilute sulphuric acid, weighing about 10 pounds; the whole battery when charged weighing about 76 pounds. The energy of this battery is very great, a platinum wire can be melted, steel needles can be completely fused, and lengths of platinum wire, a foot long, rendered red hot. One, two, three, or four cells can be used as desired, arranged either quantitatively—that is all the positive plates connected together, forming one large positive plate, and all the negative plates connected together, forming one large negative plate; thus, practically, forming the whole battery into one vast cell—or intensively, that is in series, positive to negative, the connection being made by means of bridges dipping into cups of mercury. I have recently arranged the battery so that only one-half the nitric acid is used, and its power is in no way deteriorated.

The cauterizing instruments are, of course, arranged to

make the best use of this force—the galvanic éraseur—for the removal of cancerous and other growths is essentially a loop of platinum wire passed through two tubes on to a rack and pinion apparatus, so that it can be tightened at the will of the operator, and heated to the required heat by being attached by the cable conductors to the battery. In the hope of reducing the chance of breakage while in operation, some time since I introduced a cable of two platinum wires twisted, which answers better than a single wire; I have found several times one strand broken, and left the one which has completed the work.

There are two instruments, one large and one small, consisting each of a cone of porcelain, round which is spirally twisted a platinum wire. On the current being applied the wire is heated, and transmitting its heat to the porcelain the whole soon becomes one red-hot mass. There are also instruments for the destruction of nevus, &c.

Dr. Althaus, after describing various batteries arranged for cautery purposes, says, "Middledorpf's apparatus is a very powerful one, but extremely dear and troublesome to manage and, therefore, it has, on the whole, not found much favour with the profession," and although we have used this arrangement for years I certainly recommend a simple Grove's battery for general practice.

Obstetrics.

On Tuesday, July 6th, A. B., being near full time with her child, was frightened by a horse while out in the street. That night the membranes ruptured. The Extern went to the house at 6 a.m., on the 8th, and detecting a malpresentation sent at once for the Junior, who arrived by 7.30. The os uteri was fully dilated, uterine action strong. A large portion of the funis and the elbow was felt, and presently the hand came down to the vulva. Dr. Galabin was sent for, and came down. It proved to be the left hand which was presenting; the shoulder was too high up to be felt, but the hollow of the axilla went towards the right iliac fossa of the mother, the side of the child's chest lay across the inlet.

Chloroform was given by the Junior, not without risk to the patient, for she took it badly, coughing from the first, and presently she became congested in the face and ceased to breathe, though the pulse kept up. The tongue was drawn forwards with the tongue forceps, and artificial respiration immediately performed for a short time, when she completely came round. Dr. Galabin then proceeded to turn the child; he found a knee very readily on passing his fingers a short way into the uterus. When the half breech had engaged the pelvis the Senior took the case in hand and with some traction brought down the head to the pelvis. The arms first the posterior, i.e., the one in the hollow of the sacrum, then the anterior from behind the pubes were hooked down, and then, with good traction on both shoulders, the head was brought through. The placenta followed directly afterwards.

In the evening, T. 100.6. P. 104.

July 9th, morning, T. 100, P. 96; pain and tenderness in abdomen.

July 10th, T. 99.6., P. 100, pain in abdomen less, had a better night; tenderness in L. inguinal region: lochia normal. She subsequently has done well.

Accidents from chloroform are said to be exceedingly rare in obstetric operations.

At 8 o'clock on Monday evening last the Junior was asked to come and see a case, as labour did not advance. The membranes had just ruptured, the os uteri was nearly fully dilated, the head was presenting—occiput anterior—but instead of filling up the inlet, as it should have done, the posterior part of the head seemed to rest above the pubes, while the finger could not trace the anterior part of it right back to the promontory, but instead of that there was an interval apparently behind the head. The labour pains while on the bed were worth nothing, though they appeared stronger when she was up. The patient was laid on her back, and directions given that she should remain so during the next forty-five minutes. The Junior came again in about an hour and a quarter. The head had not advanced any in that time, but was now firmly jammed down into the inlet, there being a considerable caput succedaneum. Patient was then placed on her hands and knees, but without altering in any way the position of the head. Dr. Galabin and the Senior came down about 11, and, after some delay due to the passing of a catheter with the head jammed against the pubes, the long double curved forceps were put on by the Senior. The head was brought down with considerable difficulty, but after it had well entered the pelvic cavity uterine contraction did most of the work in extruding the head. But now a still greater difficulty was encountered in getting the shoulders down. Very great force had to be exerted in pulling on the head with both hands, while another pair of hands were employed in pressing on the fundus in direction of the inlet. When at last the child was born it was dead. The placenta followed readily. The case has since progressed favourably.

This woman has had three previous confinements; one, a girl, was born naturally, but two boys were delivered artificially, she says, by instruments and were dead. No marked contraction or deformity was detected in the pelvis, but the head was very large. Probably the anterior part of the child's head was arrested against the promontory or some part of the vertebral axis higher up than our fingers could reach.

PASS AND "PLUCK" AT THE COLLEGE.

PRIMARY EXAMINATIONS, 1874-75.

Medical School.	Totals.	Number passed.	Number rejected.	Per-centage of rejections.
Guy's	78	66	12	15.3
Charing Cross	13.50	11	2.50	18.5
St. Mary's	25.50	20.50	5	19.6
St. Bartholomew's	80.83	61.3	19.50	24.1
St. George's	31.50	22.50	9	28.5
University College	87	61.50	25.50	29.3
King's College	47	33	14	29.7
Middlesex	26.50	16.50	10	37.7
London	41.83	26	15.83	37.8
St. Thomas's	64.3	27.83	36.50	56.7
Westminster	10	2	8	80

PASS EXAMINATIONS, 1874-75.

Medical School.	Totals.	Number passed.	Number rejected.	Per-centage of rejections.
University College	69.16	61.6	7.50	10.8
St. Bartholomew's	61.3	50.3	11	17.9
St. Thomas's	49.50	40	9.50	19.19
St. Mary's	14.3	11.50	2.83	19.7
London	28	22	6	21.4
Guy's	96.83	73.83	23	23.7
Westminster	3.50	2.50	1	28.5
Middlesex	10.16	7.16	3	29.5
St. George's	27.50	19	8.50	30.90
King's College	29.50	16.50	13	44.06
Charing Cross	4.50	2	2.50	55.5

Last year the following was the per-centage of rejection:—

PRIMARY.

London	21.4
St. George's	25.8
University College	29.6
King's College	29.7
St. Thomas's	29.8
St. Bartholomew's	30.8
Guy's	31.1
St. Mary's	34.2
Charing Cross	40.7
Westminster	52.0
Middlesex	55.2
PASS.	
Middlesex	14.2
St. Thomas's	14.4
Westminster	14.4
St. George's	16.6
St. Bartholomew's	26.4
University College	27.4
London	29.03
Guy's	31.35
King's College	32.3
St. Mary's	36.4
Charing Cross	45.45

Eye Cards.

The following operations were performed by Mr. Bader, on Friday, the 16th:—

1. Cataract. Extraction downwards with iridectomy.
2. Convergent strabismus, with traumatic cataract. Both internal recti divided. Iridectomy performed on the right eye.
3. Closed pupil after choroido-iritis. Iridectomy done upwards in both eyes.
4. Cataract with closed pupil. Lineal extraction.
5. Glaucoma of right eye. Iridectomy performed. Mr. Duke removed left eye for glaucoma, and osseous deposit.
6. Convergent strabismus. Both internal recti divided.
7. Atrophy of yellow spot. Iridectomy done downwards and outwards.
8. Central corneal opacity. Mr. Bader made an artificial pupil. An incision was made through the sclerotic close to the cornea, an iron hook was then introduced and passed beyond the margin of the pupil; by slightly rotating and

withdrawing the hook some of the iris was taken up, the hook was then again rotated and withdrawn, and the iris cut off close to the eye ball.

9. The ninth was a very interesting case. Three weeks ago the eye was stone hard with no aqueous chamber. Mr. Bader made a sclerotic incision, which reduced the tension to normal. There is now a good aqueous chamber with fixed minute pupil and cataractous lens. Mr. Beeder now performed iridectomy outwards and downwards, remarking that he should extract on a future occasion, and that before sclerotomy was practised the case would have been intractable.

10. Double congenital cataract. Both eyes needled.

11. Cataract. Cataract removed by a linear incision.

12. Was a case in which both eye-lids were sewed together for excessive hypertrophy and vascularity of the conjunctiva.

Mr. Higgins performed the following operations on Monday, the 19th:—

1. Trichiasis. Skin containing hair bulbs removed.

2. Corneal opacity of right eye. Iridectomy performed.

3. Convergent strabismus. Left eye squinted habitually, vision much impaired, as is frequently found to be the case. Internal rectus and fascia divided freely.

4. Corneal opacity. An incision was made close to cornea, and an attempt was made to tear the iris from its insertion, but it adhered firmly and would not come away.

5. Corneal opacity. Staphyloma and fistulous opening through the cornea. Iridectomy performed downwards.

6. Trichiasis. Portion of skin containing hair bulbs removed, and palpebral aperture enlarged by dividing the outer canthus, and stitching the raw surfaces together.

7. Opacity in vitreous. Iridectomy performed downwards.

8. A blind glaucomatous eye and constant source of irritation excised.

9. An interesting case. The sight in left eye was lost nine years ago from inflammation. The globe has lately begun to enlarge, the cornea staphylomatous; tension increased; large veins on surface of sclerotic (?) from the withered eye-ball (?) Eye-ball was excised, the growth had perforated near the optic nerve, a large quantity of growth found in the orbit, the whole of it was removed. The growth was of firm consistence, quite black. (Melanotic cancer.)

10. Corneo iritis, closed pupil, with total posterior synechia. Iridectomy performed inwards and outwards.

11. Opaque capsule after cataract. Torn through with needles.

12. Corneal opacities after specific corneitis. Iridectomy done downwards and outwards in both eyes.

13. Lens displaced by a blow received some months previously, and floating in vitreous. Lens removed by a scoop.

Mr. Hutchinson, of the London Hospital, has this week presented to the Hospital a portrait of Dr. Addison. The painting is by Bewick, of Newcastle, and represents our great physician in his earlier days. By some of those who knew him the portrait is considered as very good, whilst others have given a more qualified opinion. We believe we have to thank the representations of Mr. Lucas for this display of the donor's generosity.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

FINAL EXAMINATION FOR DIPLOMA OF MEMBER.

SURGICAL ANATOMY AND THE PRINCIPLES AND PRACTICE OF SURGERY.

JULY 16, 1875.

Candidates *must* answer at least four (including one of the first two) out of the six questions.

1. Describe the ischio-rectal fossa; mentioning the structures which bound and occupy that space.

2. If the throat be cut across between the os hyoides and the thyroid cartilage down to the vertebrae, what parts would be divided, and in what order?

3. In a case of severe compound fracture of the leg, what indications would lead you to infer that traumatic gangrene had commenced, and what would be your treatment under such circumstances?

4. State the disease which gives rise to the extravasation of urine, and the treatment to be adopted in its progress.

5. Describe the treatment of an incised wound penetrating the knee-joint; mention the consequences which may follow such an injury, and the treatment which may be required.

6. What are the symptoms and appearances of a well-marked case of syphilitic iritis? How would you treat it? What may be the unfavourable permanent results?

EXAMINATION OF THE PRINCIPLES AND PRACTICE OF MEDICINE.

JULY 17, 1875.

1. A patient is labouring under general dropsy. What are the different conditions on which it may depend, and what will be the probable state of the organs chiefly affected on examination after death? How would you distinguish and treat such cases?

2. What are the diseases characterised by the presence of pustular or vesicular eruptions in the skin? On what do such eruptions generally depend,

3. Mention the chief formulæ in the British Pharmacopœia into which opium enters; state the proportions of the drug, the doses in which the formulæ are to be used, and the purposes for which they are specially adapted.

Write a prescription for a draught to procure sleep.

The following questions were put to a candidate at the *viva voce* at the late examination for the L.R.C.P., Lond.:—

1st quarter of hour.—Dr. Hicks.

Shown [pelvis with contracted brim, 2 in. conjugate diameter—what operations would you exclude in this pelvis? What operations would you perform? Would you apply forceps in diameter of 3 in.? In what diameter would you turn? What are the different forms of cancer uteri? Which most common? Give chief symptoms? What produces the hæmorrhage? What produces the ulceration? What is a polypus uteri? What are the different layers composing it? Where do they grow from? How would you remove it? What is there peculiar about the mucous membrane of the cervix? Touching chiefly on cauliflower excrescence—to what class of growth does the latter belong? What other tumours are found in uterus?

2nd quarter of hour.—Dr. Barclay.

What are the symptoms and signs of acute pneumonia? Of pleurisy? Ditto of pleuritic effusion? How would you distinguish between pneumonia and pleuro-pneumonia? What is diagnostic of latter? What are the symptoms of acute pericarditis? What is the quality of the rub? Is it single or double? How would you distinguish between it and a double aortic bruit? In what disease do you get pericarditis? What other affection of the heart is there (acute)? In what disease do you get endocarditis—which side of the heart is most affected? Have you ever seen delirium in acute rheumatism? How would you treat it? Would you give stimulants?

3rd quarter of hour.—Dr. Gibson.

Have you seen much disease of kidneys? What is granular kidney? What is the pathological condition? Where does the disease first commence? Which is the secreting part of the kidneys? Which is lessened in this condition? What is the state of the urine? Is there much or little albumen? What is the state of the systemic arteries? Is it one of tension? Is the heart affected? How? Which part chiefly? Large white kidneys—what is state of urine—high or low, sp.—how does it differ from that of contracted kidney? Is there any arterial tension in this form? Does the acute form ever become chronic? Have you seen a case of uræmic epilepsy—how does it differ from the ordinary form? What would be your treatment in uræmic epilepsy? What is the state of the temperature in typhoid fever? How does it differ in typhus?

4th quarter of hour.—Dr. Clarke.

What would you do if called to a case where the hand and arm were in the vagina? How would you turn? Describe the bi-polar method? What would you do in a case where the shoulder presented, the membranes being still entire? How would you treat a case of face presentation? What instrument is this? (the vectis)—how would you use it? (Given head and pelvis to apply it)—would you use much force? What is the chief symptom of polypus uteri? That of cancer? How would you distinguish between the two? What is the quality of the pain in encephaloid disease of uterus? What is the écraseur—how would you use it? How would you treat dysmenorrhœa? What are the symptoms? What the conditions giving rise to it? How would you treat the case of a girl who had never menstruated, and came to you? What might be the cause of the amenorrhœa? How would you treat amenorrhœa?

Correspondence.

[We do not hold ourselves responsible for the opinions expressed by our Correspondents. We cannot insert any communication unless accompanied by the writer's name and address, not necessarily for publication. Our correspondents will oblige by writing on one side of the paper only.]

MEDICAL OFFICERS FOR TEA GARDENS IN INDIA.

TO THE EDITORS.

SIRS.—As an old Guy's man, and a regular subscriber to your journal, I ask the favour of your allowing me to caution young practitioners against a system which I find prevails at home of "gulling" medical men into accepting appointments on tea gardens in India, on a salary which is totally inadequate. A young gentleman very recently, in passing through my station to a tea district in Cachai, informed me that he had come out under a four years' agreement, and was to receive 250 rupees per mensem for the first two years, and 300 rupees per mensem during the latter; and to pay his own passage home. When I inform you that many natives and European engine-drivers and mechanics get considerably more, you will understand how miserably inadequate the amount is for a gentleman.

Not more than a three years' agreement should be made, and the salary should not be less than 350 rupees per mensem to commence with, and rising to 450 rupees for the last year. The gentleman I refer to had, I believe, been both house surgeon and house physician at St. Thomas's.

Yours truly,

Goolundo, Bengal,

VINCENT RICHARDS.

June 13th, 1875.

The Wards.

SURGICAL.

The following cases were admitted between July 14 and July 21 :—

CHARITY.—4. Fractured tibia and fibula. 8. Punctured wound of vagina. 10. Ruptured perineum. 12. Fractured tibia and fibula. 18. Eczema of leg. 19. Diffused cellulitis. 20. Ulcer on leg.

CORNELIUS.—Fractured tibia and fibula. 2. Fractured base and fractured ribs—death. 3. Fractured patella. 6. Ruptured diaphragm—death. 6. Concussion. 6. Cuts about face. 9. Scalp wound. 9. Severe scalp wound. 10. Fractured fibula. 12. Fractured ribs and forearm. 14. Fractured femur. 16. Pott's fracture. 18. General smash of skull—death. 18. Compound fracture of skull. 20. Fractured patella.

DORCAS.—3. Disease of carpus. 15. Disease of elbow.

JOB.—10. Lymphatic inflammation. 20. Varicocele. 23. Tumour of neck.

LAZARUS.—18. Epispadias. 22. Talipes. 2. Old Pott's fracture. 17. Stricture.

LUKE.—4. Fistula in ano. 11. Hydrocele. 13. Ischio-rectal abscess. 14. Stricture. 15. Stricture. 16. Tetanus.

LYDIA.—2. Housemaid's knee. 6. Cyst of tongue. 11. Facia-carbuncle.

MARTHA.—10. Hæc-lip. 21. Necrosis of ulna.

NAAMAN.—6. Malignant growth in neck. 17. Tumour of jaw—excision. 22. Synovitis of knee.

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(See STUDENTS' JOURNAL, April 10th, 1875, page 105).

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A number of Subscriptions for back copies of the "Gazette" are still owing. Gentlemen will oblige by paying the same to the Editors or to Mr. H. WILLIAMS, Hospital Accountant—Post Office Orders being made payable at the Borough Post Office. Payment by HALFPENNY Postage Stamps will be accepted.

Country Subscriptions, Advertisements, and Business Communications must be sent to Mr. H. WILLIAMS, Counting House, Guy's Hospital.

Hospital



Gazette.

A Students' Journal of Hospital News, Medicine, and Surgery. I

VOL. VI.—No. 14.]

SATURDAY, JULY 31, 1875.

[TWO PENCE.]

DURING THE VACATION the "GAZETTE" will only be brought out once a fortnight instead of weekly.

We trust our readers will admit that we are right in making the above announcement. In vacation time hospital matters are more or less in a state of torpor, and we shall be able to keep our supporters thoroughly posted up in our fortnightly issue.

We would point out to them that they are now going on vacation, and we are sure that if they knew the by no means inconsiderable amount of work the "GAZETTE" entails upon those who have it in charge, they would not begrudge us a little holiday too.

One prominent feature of our Journal is the publication of lectures; men will not want to read these for a month or so, but all matters of interest we guarantee they shall be fully informed of.

We are near now to the end of the medical year, and soon our hospital will put on the lonely aspect presented during the long vacation, if indeed it has not begun to do so even now. We are glad that we can survey the work and results of the Session with considerable complaisancy, and we can do so with justice, for we have done well all round the year. Our average at the College is good, and will be considerably improved by the results of the last week; in our last number we gave the statistics, and they speak for themselves; but we omitted to point out that, for both final and primary, we passed more than any other London school. The result of the University Examinations are not yet out, so that we do not know whether we have to congratulate ourselves and our representatives in this direction; we hope so, for we are proud of success at Burlington House.

As far as Athletics go we have no reason to be ashamed; we have won the football cup, and were within an ace of adding the trophy of the sports to it. About Cricket, however, we had better preserve a discreet silence, although the closing match has been a tremendous victory. We trust that those who are now going for the vacation will have an enjoyable time. There is no holiday so pleasant as when it is well earned. To those then especially who have spent the medical year wisely we wish a pleasant and happy one. One word more, the College examination of last week will leave a good many blanks in the number of our friends and those whom we are accustomed to see about the hospital. To those then who are going to enter upon the business of life, in bidding them a reluctant farewell, we wish them good luck, prosperity, and success, and we trust that by our means they will keep up their connection with the Hospital.

THE subject of Anæsthetics is being again brought before the notice of the members of the profession,—and not before them only, but is engaging as well the public mind. It is a pity that such an unsettled subject should be thrust suddenly upon the public through the daily papers, and it is the more to be regretted, coming as it does from one of the London surgeons whose experience is certainly calculated to carry much weight with the general public.

Matters like these are not to be settled by authority, nor by the dictum of any one man; it is only a more extensive series of trials that will ever set at rest this much vexed question.

A letter like Mr. Pollock's is not calculated to increase the confidence of the public, for though we do not wish to

uphold quackery, yet every one must feel that as long as such serious matters are *sub judice*, it is better that patients are kept in the dark concerning the dangers attending such drugs as are used to produce anæsthesia. Already the abuse of chloral by the public has shewn its dangers—many of the fatal cases being amongst those who dose *themselves* with this drug.

Looking at the matter of anæsthetics practically, our object is to get a drug which acts *speedily* as well as *safely*.

For operations of any length we are confined to two agents—chloroform and ether. The former is the most speedy, and the latter the most safe. A mixture of the two, in certain proportions, suggests itself as likely to combine the properties of both; and it is found that by taking two parts of chloroform, three of ether, and adding one of alcohol, a mixture is produced which acts speedily, and at the same time does not produce the prolonged effects of chloroform. This mixture seems specially adapted for adults, the chloroform being preferable in the cases of children and old people. In operations about the mouth it is found that the effect of the "mixture" is not lasting enough, its influence soon paasing off with the removal of the inhaler. Again, in young children chloroform is invaluable, its action being so rapid, and in patients of this age there seems little danger. On the whole, then, having two good anæsthetics, both capable of being used for long operations—one being more applicable than the other—it seems only right that the administrator should be allowed to use his judgment in the matter, without its being said that he is jeopardising the life of his patient, and that willfully.

Whatever is used, whether it be chloroform, ether, or a mixture, there can be no doubt that the mode of administration has much to do with the safety of the anæsthetic. The special apparatus used is here not referred to, but rather the attention which the administrator gives to his work. It is at his bidding that the surgeon uses his knife, and he alone is responsible for the safe conduct of the patient through the operation.

To keep the patient equally under the anæsthetic is a great point in surgical operations, and to do this requires some practice; and that it can be done, even with the common inhaler, can be proved by attending the operations in our own theatre.

We hope, in a future number of this Journal, to give more positive proof of the safety of chloroform when properly administered; but until the (greater) dangers of one anæsthetic over the other is definitely settled, it seems a pity that the discussion of such a subject should extend beyond the limits of the profession.

Electricity.

BY JOHN HENRY SANDY,
Electrician to the Hospital.

(Continued.)

FARADISATION.

In the absence of drawings to assist, it is difficult to describe clearly the construction of the Faradaic apparatus; I find it necessary, therefore, to briefly explain the electrical laws upon which the instruments are founded—viz., a wire charged with electricity induces electricity in a neighbouring wire; electricity will induce magnetism, and magnetism will induce electricity.

If two wires are brought into close proximity, without actual contact, each end of one wire being connected to a battery (charged with electricity), upon disconnecting the battery a momentary current is induced in the neighbouring wire, and as frequently as this wire is charged and discharged this phenomenon is made manifest.

The wire which is brought in direct contact with the battery is called the *Primary* wire; the wire in which the current is induced the *Secondary* wire. Faraday found that if a single wire be wound into a spiral form, the same phenomenon, to a smaller degree, followed the discharge of the wire. If a wire, insulated by being covered with silk or cotton, be wound spirally round a rod of annealed iron, each time contact is made with a battery the iron immediately assumes a magnetic condition, and the instant the contact is broken it resumes its normal condition, and at the same time induces a *secondary* electrical current in the wire surrounding it—this is an electro-magnet. Upon attaching a pair of handles to the battery terminals a shock will be felt to follow each break of the battery current, the shock being regulated by the number of convolutions of wire, the size of the iron rod, and the electromotive force of the battery employed. If we dispense with the iron rod, and in place of it insert into the spiral of wire a bunch of fine annealed wires, we increase the strength of the shock very considerably. Disconnect the handles from the battery, and wind over the primary wire a quantity of very fine wire insulated in the same manner as the primary wire, leaving each end free, carefully avoiding metallic contact: attach the handles one to each end of this, the secondary, or neighbouring wire, and on making and breaking contact at the battery with the primary wire, the shock will be very much stronger than with the primary wire alone. Withdraw the bunch of iron wires (the core), and still a shock will be given on making and breaking contact, but to a much lesser degree, and the strength of the shock will be increased as the core is further inserted into the bobbin.

The explanation is this: Firstly, when the battery contact is broken, each convolution of wire induces a current in its neighbouring helix. Secondly, the core (bunch of soft iron wires) becoming suddenly demagnetised, induces an electric current in the wire immediately surrounding it (the primary wire). Thirdly, the whole of this inductive force is brought to bear upon the fine wire surrounding the whole (the secondary wire).

This principle is carried out in all Faradaic apparatus, whatever may be their external pattern. Round a cylindrical

bobbin or reel is wound the primary wire, usually about the diameter of whip-cord; this wire is put in circuit with an electro-magnet, and a keep attached to a spring in such a manner that the electro-magnet becomes magnetic, and loses the magnetic influence in quick succession, the keep being attracted and released each time this change takes place. Over the primary wire is carefully wound the secondary wire, which is carried to binding screws, to which the conducting handles are attached, and into the cylinder of the bobbin is inserted the bunch of fine iron wires. There are various forms of battery used to charge the primary wire, but for all practical purposes I give a decided preference to the Smee arrangement.

ELECTRO-MAGNETIC MACHINES.

These machines consist essentially of a permanent magnet, an electro-magnet, a train of wheels to multiply the speed of the electro-magnet, and a handle to produce a rotatory motion to the same. The electro-magnet is a core of soft iron, over which is wound a quantity of fine wire; it is mounted on an axle in such a manner that when rotating its poles are brought alternately to face the poles of the permanent magnet. At each half-revolution it partially closes the magnetic circuit, and consequently becomes, by induction, magnetic; in passing to the next half-revolution it is removed out of the magnetic influence, and at once loses its magnetism, at the same instant inducing an electric current in the wire surrounding it. In the ordinary instruments there are two opposite currents set up each time the electro-magnet revolves—one positive and the other negative. In application what actually takes place is, if the electro-magnet revolves forty times per second there are eighty alternate currents generated in that time—forty traversing the limb upwards and forty downwards in rapid succession. There is an arrangement by which one current only is allowed to escape into the conductors: the current in this case of course travels in one direction only.

THE FRICTIONAL ELECTRICAL MACHINE

Is so little used for medical purposes, and is generally so well understood, that it requires but little notice at my hands. It consists of either a cylinder or plate of glass, mounted on a stand of wood, upon uprights of glass or well-baked wood, with a handle to revolve it. A horsehair "cushion," covered with leather, is so arranged that it presses upon the cylinder or plate, attached to which is a piece of silk called the "flap," and the "primary conductor," usually either a cylinder or ball of copper, japanned or varnished block, mounted on a glass upright, to which is attached a series of small rake-like spikes, brought to within a quarter of an inch of the cylinder or plate—the duty of these points being to collect the electricity from the edge of the silk flap as fast as it is generated from the glass as it revolves.

AN ANALYSIS of the widely advertised "Clarke's Blood Mixture," by Dr. Alfred T. Taylor, shews it to have the following composition:—Iodide of potash, gr. 64; chloric ether, 3 iv.; liquor potassæ, m. 30; water coloured c. burnt. Sugar to $\bar{3} 7\frac{1}{2}$.

Operations.

FRIDAY, JULY 16.

E. G., æt. 66. Patient with prolapsus recti, from which she had suffered for about 14 years; had lost considerable quantities of blood at different times, and had been troubled with pain and frequent straining, also occasional difficulty in micturition. Mr. Bryant removed three portions of the prolapsed mucous membrane by means of the clamp and galvanic cautery. In one of the portions a rather large artery was felt pulsating. On removal of the clamp there was no hæmorrhage.

TUESDAY, JULY 20.

Mr. Howse removed a portion of the lower jaw from a man æt. 77, for a pulsating vascular growth, the size of a large marble; this had been removed eight months prior by Mr. Birkett.

He then excised an elbow joint for pulpy disease: the joint was found completely disorganised, the lower end of humerus was devoid of its articular cartilage and carious, with the exception of its capitellar surface, which still maintained its cartilage. The head of radius was fairly healthy and maintained its articular cartilage. (This operation was done antiseptically.)

A. H., æt. 46. Suffering from epithelioma of the elbow, of about two months duration, in the site of a burn which occurred 33 years before. Patient was advised by Mr. Bryant to submit to amputation, but she was unwilling to do so; chloride of zinc paste was applied, and produced a deep slough extending down to the bone, and laying bare the olecranon process. The growth, however, re-appeared with great rapidity, and amputation through the middle of the arm was performed with anterior and posterior flaps, the posterior being made by transfixion. There was no enlargement of the axillary glands.

On Thursday Mr. Durham operated upon a man for malignant growth in his left groin, which had existed for 14 months. At the time of his admission the growth extended from the pubes nearly up to anterior superior spine of ilium, in its centre was a large opening, through which a great quantity of very offensive pus and blood escaped, the granulations round the opening were very exuberant. The man suffered much pain. Mr. Durham made two elliptical incisions reaching from the pubes to the anterior superior spine, and dissected up the growth exposing the spermatic cord, which was found infiltrated with the cancerous material, the cord was ligatured near the interior abdominal ring, and removed with the testicle. The growth was also separated from the surface of the adductors, and the sheath of the femoral vessels as high as Poupart's ligament. The wound was covered with a thick layer of tannic acid and lint soaked in glycerine, and then covered with a large pad of salicylic wool.

Since the operation the man has not had a bad symptom, has been comfortable, and free from pain; appetite good.

On Sunday, July 25, Mr. Golding Bird operated for strangulated umbilical hernia. The patient was admitted at 3.30 p.m., and the rupture had been strangulated since 2 a.m. The symptoms were urgent, and the hernia of considerable size, partly omental, partly intestinal. The neck of

the sac was above and outside the umbilicus. Mr. Bird cut down upon the hernia, opened the sac, and enlarged the abdominal opening. The bowel was returned after some little difficulty, and a large portion of omentum ligatured and cut off.

Lymph-adenomata of the neck.—Nine months ago patient was operated on by Mr. Bryant, who removed seven enlarged glands from left side of neck. Having been placed under the influence of an anæsthetic, Mr. Bryant made an incision along the line of the old cicatrix, which extended from below the left ear to symphysis. He then broke down the tissues around the growths with his finger, and enucleated them. He removed a large one from the posterior part of the wound and passed a ligature round the base of another, and removed it with scissors. He took away two or three quite small ones, and one about the size of an egg.

A drainage tube was inserted in the lower part of the wound, the edges being brought together by interrupted sutures; pressure was applied by means of a pad and bandage.

Epithelioma of the left side of tongue, of a month's growth. Having been given the mixture of alcohol, chloroform, and ether, Mr. Bryant, after a gag had been put on, passed a ligature through the tongue and drew it out of the mouth. A large curved needle was passed laterally in front of the growth and brought out behind it. The loop of the écaraseur was passed over the needle and the growth removed. A large vessel was divided, which bled a good deal; it could not be ligatured as the vessel had retracted among the tissues of the tongue.

TUESDAY, JULY 27.

Mr. Forster performed perineal section on an elderly man, who two years ago fell across a joist, rupturing his urethra.

Mr. Forster then excised the knee-joint of a man, aged 31. The disease was pulpy of the synovial membrane, with a history of six years. Being a professional cricketer, he had received numerous blows on the knee from cricket-balls; and rest, counter-irritants, and ice having been tried, the man consented to excision. The operation was performed under the spray, and the limb put up in the iron excision-splint, with bandages soaked in wax. The patient is very comfortable, and sleeps without the aid of morphia.

WEDNESDAY, JULY 28.

Mr. Bryant operated for varicocele in a man. A whipcord ligature was passed around the bunch of veins and drawn tight, and the tension was continued by means of a little instrument which keeps the ligature tight by a spring. A second wire ligature was passed around the veins below this, and knotted tightly.

Eye Wards.

Mr. Bader performed the following operations on the 23rd inst. :—

1. Partial staphyloma of upper and outer surface of sclerotic, supposed to be a cysticercus, with normal sight. Iridectomised to relieve tension.

2. Corneal opacity, closed pupil, senile cataract. Mr. Romano performed linear extraction downwards.

3. Blind glaucomatous eye. Sclerotomised to reduce tension.

4. Vitreous chamber full of blood, tension greatly increased. Sclerotomy to remove tension.

5. Senile cataract. Extraction upwards, without chloroform, after iridectomy.

6. Cataract in both eyes. Right—extraction without iridectomy. Left—removal of cataract with sharp hook.

Mr. Higgins performed the following operations on the 26th inst. :—

1. Closed pupil with anterior synechia. After extraction of cataract, iridectomy upwards.

2. Congenital sebaceous cyst over upper and outer angle of orbit of child, firmly connected with periosteum and containing hairs. Removed by dissection.

3. Convergent strabismus. Internal rectus divided on hook. Conjunctiva abnormally thickened.

4. Entropion and pannus in both eyes after old granular lids. Mr. Higgins removed a portion of skin and orbicularis, and a transverse wedge; shaped piece of cartilage from upper lid of left eye; he then divided the outer canthus with the scissors, and stitched a piece of conjunctiva between the raw surfaces.

5. Traumatic cataract (soft) in a boy; pupil dilated with atropine, and lens broken up with needle.

6. Specific corneo-iritis with closed pupil: iridectomy upwards. The eye was soft, and the iris was found to be extremely soft, so that only a very small portion of it could be removed.

7. Staphyloma of cornea after ulcer, eye becoming glaucomatous, in infant. Iridectomy upwards to relieve tension.

8. Senile cataract both eyes. Left eye—iridectomy and linear extraction downwards; cataract large and sticky; ends of corneal incision had to be enlarged with scissors before it could be expelled. Right eye—Mr. Duke performed an iridectomy downwards previous to extraction at some future period.

9. Convergent strabismus; internal rectus divided.

Obstetrics.

Margaret Dyer, æt. 27, wife of a military officer's servant. Her occupation is that of a laundress. She has been married two years, no children or miscarriages. Very shortly after her marriage she first noticed a tumour about the size of a small orange in the left inguinal region; at this time she had attacks of vomiting, and upon consulting a medical man was told she was pregnant. The latter symptom soon after subsided, and the tumour but very slowly increased in size till about five weeks ago, when it enlarged so rapidly in the course of a few days that she was admitted as an in-patient into one of the Dublin hospitals, was told she had a watery tumour, but no operation was performed; and although at

this time in a very helpless condition, she was brought over with her husband's regiment to Alderney, and came under the care of Dr. Muir, who three weeks ago tapped her and drew off a large quantity of brown foetid fluid. She was then advised to come in Guy's.

Patient is Irish, sallow-looking, much emaciated, and pitted with small pox. Her menstrual periods have been regular and normal up to the present time. Feet and ankles are cedematous, and patient is perfectly helpless, quite unable to stand, and is propped up in bed with pillows. There is a bed sore forming on the sacrum, and another on the right hip. The whole of abdomen, reaching nearly to the ensiform cartilage, is enormously distended, very tense and tympanitic all over, except quite low down at the flanks. Fluid thrill well marked, and splash heard on succussion. At the site of the umbilicus is a deep red fluctuating swelling, about the size of a walnut, pointing above the general level of abdomen; nothing was made out pervaginam. There is a systolic apex bruit heard over the region of the heart. Urine free from albumen. Sp. grav. 1010.

From the general appearance of the case Mr. Bryant strongly suspected the presence of pus within the abdominal cavity, and to aid diagnosis decided to perform an exploratory operation. Owing to the condition of the heart chloroform was not administered on Sunday morning, July 25th. A small incision (about one inch) was then very cautiously made through abdominal parietes, in the middle line between the umbilicus and pubes, revealing the cyst wall very tightly distended, upon opening which a quantity of foul gas escaped, followed by a large quantity of greenish-looking, untenacious pus (about three gallons). The wound was enlarged upwards to the umbilicus, the contents of the cyst, which was a unilocular one, were thoroughly evacuated, and the cavity washed out with carbolic lotion, the washings being passed out by means of a syphon tube. The walls of the cyst, at least in front, were perfectly adherent to the abdominal parietes, so that the general peritoneal cavity was not opened, and the intestines were not visible being behind the sac. The hand could be passed freely into the cyst all round. The walls in some parts were roughened and in other smooth, and there were considerable quantities of flakey lymph adhering to them. Mr. Bryant put in three or four silk sutures to connect the margins of wound in cyst with those in the parietes. The interior of cyst was touched all over with the strong Liquor Ferri, and the cavity filled with salicylic and absorbent wool. The hemorrhage was very slight, not more than an ounce. Two lengths of silk were passed through at each extremity of the wound, and left for the purpose of keeping the wound patent and facilitating the dressing, the cavity being thus left open that it may contract and granulate up. The temperature before the operation had reached 103.4, and pulse 140, a few hours after it went down to 98, and pulse 100.

Patient has passed a comfortable night and slept well without sedatives, and appears much relieved by the operation. Mr. Bryant's opinion is that the cyst is a par-ovarian one.

We are indebted to Mr. Henry Evans for the above.

Marriage.

July 22nd.—At St. Philip's, Kensington, by the Rev. Canon Ridgway, assisted by the Rev. J. D. Claxton, Vicar of the parish, Robert Colgate Holman, Esq., M. R. C. S. E., and L. S. A., of Keighley, Yorkshire, youngest son of Henry Holman, Esq., of East Hothly, Sussex, to Edith Sybilla, daughter of the late Samuel John Partridge, barrister-at-law, of Kensington and Stroud, Gloucestershire.

General News.

The introductory, on the 1st of October next, will be given by Dr. Stevenson.

COLLEGE OF PHYSICIANS, LONDON.—The following have just taken the diploma of Licentiate:—Messrs. Hood, Rendall and Rudd.

Mr. Richard Rendle, F.R.C.S., has been appointed Resident Medical Officer to the Hospital for Consumption and Diseases of the Chest, Brompton.

APOTHECARIES' HALL.—The following gentlemen were successful at the recent pass examinations:—Messrs. A. Chadwick, T. R. Fell, — Davis, and J. D. Richardson. Mr. Pritchard also passed the primary examination.

THE medical officer of the Chinese Hospital at Shanghai speaks almost rapturously of the value of subcutaneous injection of atropine in opium poisoning. Many of the most desperate cases rallied and recovered under the treatment.

AN unfortunate dispute has taken place at the General Hospital at Ghent. In consequence of an insult by a member of the staff, for which no redress was granted by the committee of the hospital, all the pupils holding appointments corresponding to our resident ones, left *en masse*, after giving three days grace in order that the patients should not suffer.

OUR readers will remember that the General Medical Council called the attention of the College of Physicians to some alleged defects in their clinical examination for the licence. At a recent meeting of that body, Dr. Sibson, the examiner implicated, pointed out some inaccuracies in the report of the Council's visitors. He stated that the examination lasted three hours and a half, instead of two and a half, and that each student had two cases, over each of which he could spend a minimum of half an hour. Whilst it was allowed that the number of examiners was deficient, a strong opinion was expressed as to the satisfactory nature of Dr. Sibson's explanation.

PRE-HISTORIC MAN.—At the excavations now being made for the foundations of the Thames Embankment extension, to the south of the Houses of Parliament, some interesting relics of a probably pre-historic age were discovered on Friday last by the workmen employed there. These consist for the most part of bones supposed to be those of extinct species of quadrupeds and birds; but among them was found the under jawbone, retaining all the molar teeth, of a man, apparently belonging to an early type of the human race. Some of the bones discovered have adhering to them small fresh-water shells, and other fresh-water shells of various sizes were found near to them in great abundance. One of the most remarkable objects found in these excavations is the upper jaw, palate, facial bones, and eye-sockets of an animal of the rodentia or gnawing order. This is only wanting in two teeth—namely, those belonging to the centre of the front of the mouth, which the sockets show were like the rabbit's, gnawing teeth. The other twelve teeth remain in the jaw, the molars being eight and the incisors four, but the incisor teeth are placed two on either side of the central gnawing teeth, and not between the two canine teeth, as in the carnivora, including man. This fragment of the mouth and facial bones of an animal is nearly of the size of the like parts of the human frame, and, excepting for the position of the rodent teeth and the absence of the canine teeth, it might at first sight be mistaken for a portion of a human head. No animal of the rodentia order of so large a size is now, however, found

in this country, or known to have existed in it within the period of human history. With these animal remains, and at about the same spot, a flint knife was found, evidently formed by early human skill. Most of these ancient remains were discovered at about 32ft. below the face of the bank of the river opposite Abingdon Street, and 5ft. above the level of the London clay, embedded in a deposit of black vegetable mould, containing numerous pieces of the smaller branches of trees become black as peat oak. Some of the bones, including those of the rodent animal, mixed together with shell, were, however, found in a fluvial sandy silt or drift, and it was in a deposit of this kind that the flint knife was obtained.

STATISTICAL REPORT FOR JUNE, 1875.

TOTAL NUMBER OF WOMEN ATTENDED	184.
Single Births, 182.	Twin Cases, 2.

TOTAL NUMBER OF CHILDREN	186.
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Of these 96 were Males	{ 90 living.
	{ 6 still-born.
„ 90 were Females	{ 87 living.
	{ 3 still-born.

PRESENTATIONS—

Vertex ...	180	Foot ...	1 (Twin case).
Breech ...	4	Face ...	1.

OPERATIONS—

Forceps ...	2	Craniotomy ...	1
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There was one maternal death from exhaustion after craniotomy.

OF THE WOMEN CONFINED—

There were in their 1st confinement ...	24
„ 2nd „ ...	23
„ 3rd „ ...	21
„ 4th „ ...	23
„ 5th „ ...	23
„ 6th „ ...	19
„ 7th „ ...	14
„ 8th „ ...	10
„ 9th „ ...	11
„ 10th „ ...	10
„ 11th „ ...	5
„ 13th „ ...	1

OF THE FOREGOING CASES—

Mr. Edwin Roper attended	40
Mr. Edgar Duke	35
Mr. L. W. Reynolds	33
Mr. Thos. Eastloe Abbott	45
Mr. G. R. Green	31

HENRY EVANS, L.R.C.P.L., M.R.C.S., L.S.A.

Junior during June, 1875.

Newspapers, &c., received—"Bedfordshire Times and Independent."

NOTICES.

TREASURER'S GOLD MEDAL IN MEDICINE.
Alfred Finch.

TREASURER'S GOLD MEDAL IN SURGERY.
C. J. Symonds.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The following gentlemen have been admitted to the membership in the late examination:—Messrs. T. R. Jones, C. J. Symonds, C. J. C. Mitchell, L. S. A., Bartlett, L. S. A., Lacey, A. L. Bowen, Shadwell, T. Richards, Hey, L. S. A., C. Rees, W. Cock, Chad Johnson, De Winter Baker, Lancaster Brenchley, L. S. A., D. Morgan.

Wilding, L. S. A., Sangster, H. B., Cantab, Routh, H. C. Burton, H. S. Hind, L. S. A., Rogers (surgery only.)

Mr. J. Knight passed in surgery.

Surgical Wards.

FRACTURED FEMUR.—NATHAN SMITH'S SPLINT. NO SHORTENING.

On June 15, 1875, the boy, aged 14, was admitted with a fracture of the femur at the upper third. On the third day the leg was put up in a modification of Nathan Smith's splint, which has been extensively used at the Dreadnought Hospital, and which was lately introduced here by Mr. Colley.

The splint consists of two parallel bars of wire, extending down the whole length of the limb on either side. These are united by a cross bar below the foot, and also by two arches of wire over the leg. Strips of bandage are stretched across between the wires, and upon these the leg and thigh rests. A stirrup of strapping is put on the foot, and this is fastened to the cross piece of wire at the bottom. Extension is made by means of pulleys extending from the wire arches to a fixed point above the foot of the bed. The weight of the body being the counter extension.

The boy progressed favourably, was very comfortable, and complained of no pain.

On July 20 the apparatus was taken off, there was good union, and no shortening of the limb was detected.

This mode of treating a fractured femur has been somewhat extensively used lately, and bids fair to supersede the old outside splint and weight.

The operation, reported some time ago in the "Gazette," for cure of recto-vesical fistula, has been almost completely successful, the boy being able to pass his water now in any position, and to hold it during the night, a thing he has not done for fifteen years.

Cricket.

The following match was played on the Mitcham Ground and was lost by our men, apparently by their own fault, two of them not turning up.

GUY'S v. TOOTING WANDERERS.

GUY'S.

1ST INNINGS.

H. Hetley, c Franks, b Tapling	...	3	b Wilde	...	17
V. Chapman, c C. J. Daun, b Tapling	3		b Wilde	...	29
E. Amphlett, c Franks, b Wilde	...	31	st Pelley, b Tapling	...	
J. Boughton, b Wilde	...	5	not out	...	
W. G. Gordon, c C. J. Daun, b Wilde	25		not out	...	27
R. S. Taylor, not out	...	0	b C. J. Daun	...	25
O. Collens, b Wilde	...	15			
E. C. Glynn, b White	...	1			
J. Reader, b Wilde	...	5			
R. Steele } Absent					
J. H. Earle }					
Extras	...	6	Extras	...	17
		94			119

WANDERERS.

T. M. Wilde, c and b Boughton	...	32
T. K. Tapling, not out	...	9
N. C. Browne, b Chapman	...	13
W. H. Pelley, c Chapman, b Taylor	...	13
T. C. Franks, c Collins, b Taylor	...	14
C. R. Daun, b Taylor	...	3
F. White, c Boughton, b Taylor	...	3
C. J. Daun, b Taylor	...	0
F. C. Bright, not out	...	9
E. J. Simpson, b Taylor	...	8
A. J. Barker, b Taylor	...	0
Extras	...	13
Total	...	117

THE QUEEN AND THE MEDICAL PROFESSION.—The profession ought to be, as we have no doubt it is, highly gratified by the kindly feeling which her Majesty invariably manifests towards those members of it upon whom has devolved the honourable and responsible duty of guarding her Majesty's health. A few years ago, when Sir James Clark died, the notice of his death, which appeared in the "Court Circular," was accompanied by most gracious expressions of regard on the part of the Queen; and now, again, Sir Charles Locock's memory has been honoured by the expression of her Majesty's genuine regard for the deceased baronet. Such sympathy between the Sovereign and the physicians of her Court shows that the profession to which they belong must hold an honourable place in the estimation of one who is looked upon as the sole fountain of honour, and it further shows how highly her Majesty appreciates those who, amidst the anxieties of extensive practice, have shown themselves loyal and zealous in her service. It is but too often the case that doctors fail in obtaining from their patients any expression of gratitude even for services which have involved much hard work and abnegation of self, but it will never be said that her Majesty forgot to render to her servants that which alone makes labour sweet, and which is always highly prized by those who are fortunate enough to earn such noble expressions of goodwill and affectionate gratitude.—*Lancet*.

The Wards.

MEDICAL.

The following cases were admitted between July 21 and July 28 :—

ADDISON.—3. Chronic arthritis. 4. Immersion. 9. Bronchitis—emphysema. 12. Ague (?). 30. Phthisis—gangrene. 33. Hemiplegia. 38. Anæmia. Cot. Fits.

BRIGHT.—1. Acute rheumatism. 11. Phthisis. 15. Phlebitis—death. 22. Phthisis.

CLINICAL.—3. Pleuro-pneumonia. 4. Malignant disease of liver. 10. Dysentery. 16. Spinal curvature—aortic obstruction and regurgitation—aneurism of right common carotid. 26. Morbus cordis—mitral systolic, after chorea. 28. Erythema nodosum.

MARY.—13. Febricula.

PHILIP.—29. Epilepsy. 12. Phthisis. 40. Bright's Disease. 42. Lumbago. 46. Phthisis.

STEPHEN.—2. Abscess, due to absorbent inflammation. 8. Sciatica. 9. Cerebral tumour. 11. Partial paraplegia. 19. Morbus cordis—aortic. 20. Chronic rheumatism—alcoholism. 24. Chronic rheumatism. 25. Growth in liver. 27. Phthisis—partial hemiplegia—incontinence of urine. 35. Disease of 2nd and other cervical vertebrae. 36. Chronic rheumatism. 38. Morbus cordis—aortic. 39. Periostitis of ribs (?). 50. Cirrhosis.

SURGICAL.

The following cases were admitted between July 21 and July 28 :—

ACCIDENT.—15. Fractured tibia. 16. Compound fracture of humerus. 17. Crushed toes. 11. Fractured metatarsal bones. 12. Compound fracture of humerus. 1. Fractured femur.

CHARITY.—21. Synovitis of knee. 27. Ulcers on leg. 19. Recurrent malignant disease. 18. Eczema. 8. Ulcers on legs. 23. Gangrene of legs.

CORNELIUS.—4. Kick from horse. 6. Ruptured varicose vein.

DORCAS.—23. Morbus Coxæ.

JOB.—8. Stricture. 11. Ulcers on leg. 5. Wry neck. 19. Stricture of rectum. 20. Varicocele. 22. Epithelioma of tongue. 23. Lymphoma of neck. 24. Necrosis of humerus.

LAZARUS.—2. Dislocation of astragalus. 4. Orchitis. 5. Fistula. 16. Fistula. 17. Stricture.

LUKE.—6. Iliac abscess. 14. Cystitis. 20. Morbus Coxæ.

LYDIA.—4. Molluscum. 6. Fractured tibia and fibula. 8. Compound fracture of tibia and fibula. 9. Chronic pyæmia. 10. Bruises. 11. Facial carbuncle. 16. Popliteal abscess. 18. Fractured jaw. 19. Adenoma of breast. Cot. Erysipelas of scrotum.

MARTHA.—2. Whitlow. 6. Necrosis of tibia. 7. Fractured tibia. 10. Carcinoma mammæ. 13. Harelip. 17. Tumours about jaw. 22. Disease of knee. Cot. Morbus Coxæ.

NAAMAN.—9. Ulcers on face. 11. Ulceration of rectum. 22. Disease of knee.

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Guy's Hospital Gazette.

A Students' Journal of Hospital News, Medicine, and Surgery.

VOL. VI.—No. 15.]

SATURDAY, AUGUST 14, 1875.

[TWO PENCE.]

A SESSION of Parliament, some of whose principal work has been to frame laws for the better regulation of public health, demands some attention from medical men; and we are glad to be able to say that the measures which have been introduced for the attainment of this end have been successful in their passage through all branches of the Legislature. Two great social evils have been attacked, and we trust that experience will show us that the measures that have been taken for combating them will not be futile.

The Artizan's Dwellings Bill, if carried into execution, must have a powerful influence in checking the influx of disease by rooting out those pestilential hot-beds with which our metropolis and large towns are crowded.

Our student, and especially our extern experience, cannot fail to convince us how much some such measure was needed, and how great a blessing it would be if such wretched hovels as those with which Bermondsey abounds were replaced by comfortable, well-drained, and ventilated dwellings. We believe that a large majority of diseases would disappear with them. It is also a matter of congratulation to the profession that so great a responsibility has by this Act been thrown upon its members; for the Officer of Health is by it appointed to be the prime mover in the institution of these improvements.

Another question with which Government has grappled with this Session, is the adulteration of food, and if the Bill that has passed is only successful in checking a tithe of the evil against which it is directed the good effect will probably be incalculable.

We are afraid we should be too Utopian in our ideas if we thought that these measures would be entirely successful,

we dare scarcely hope they will be so; at all events they are steps in the right direction; and the thanks of the profession are due to the Legislature for grappling to the utmost of their power with these great difficulties.

SIR ROBERT CHRISTISON devoted the concluding part of his Presidential address to the British Medical Association, now congregated at Edinburgh, to the conjoint scheme of examination. He announced himself as always having been an opponent of the system, and quoting from figures, he estimated that the candidate would have to pay more for his diploma than heretofore, whilst one-half of the whole number would have to wait for their turn three, four, or five months; whilst with regard to the examiners, he stated that five continuous months of such mental torture, as the number of candidates would necessitate their undergoing, would probably land one-half of them in a lunatic asylum. He is very confident as to the result of the system of visiting examinations now instituted by the British Medical Council, and thinks if that body have not sufficient power to compel reformation they might justly have it conferred upon them, subject to appeal to the Privy Council.

DR. LYON PLAYFAIR opened the section of Public Medicine, and some statistics which he gave relative to small-pox will be of interest. He stated that since the epidemic of 1837-41, there has been none so serious as that of 1870-3. In last century before vaccination was general, the annual small-pox rate of death was 3,000 per 1,000,000 of the population, including non-epidemic as well as epidemic years. As a mean of the late epidemic it was 928 per

million. Previous to compulsory laws, three-fourths of the small-pox mortality were among children under 5 years of age, but in the recent epidemic, less than a third of the mortality in England, and less than a fourth in Scotland and Ireland was due to young children.

"The general result of our protective laws against small-pox may be summed up thus: at the rate of mortality in the last century we should lose 70,000 of our population, whereas our death rate is now about 5,000, and was only 3,500, until the late epidemic raised the average." We trust these figures thus publicly announced by such a distinguished man, and competent authority, will have some influence in checking the rabid utterances of the anti-vaccinationists, or at all events of neutralising their influence upon the weak-minded. If this body were stamped out, we should probably soon see the end of the death-rate from this dreadful but preventible disease.

Electricity.

BY JOHN HENRY SANDY,
Electrician to the Hospital.

(Concluded.)

IN giving my own experience in the application of electricity to medical purposes, I think that the following cases will sufficiently shew the difficulties which frequently surround the operator; and in stating that our information is not only scanty but in many instances absolutely conflicting, I have no desire to underrate in the slightest degree the value of the various works written upon the subject, but rather to point out that in the majority of cases we are compelled to be guided more by what the case before us presents, electrically, than any data we have available, and to illustrate what a vast field is still open for investigation.

Galvanism is applied either as direct current flowing down the nerve or limb, or as an inverse current flowing upwards—either interruptedly, by keeping one pole stationary and moving the other over the parts, or continuatively, by keeping both poles stationary. As I have already pointed out, the current always leaves the battery by the positive pole, therefore to apply the downward current the positive pole would be above and the negative below, and to apply the upward current the arrangement must be reversed. I shall therefore use one of these terms in all cases where galvanism is used. Faradisation and frictional electricity, either accumulated or otherwise, when speaking of those kinds of electricity.

IN LEAD PALSY the paralyzed muscles (the extensors of the forearm) do not contract to either Faradisation, frictional, or accumulated electricity, but react readily to galvanism. On applying Faradisation to the extension muscles of the forearm, the flexors are usually powerfully contracted, quite closing the hand. As the patient improves this condition gradually subsides, the muscles becoming ultimately normal.

By the kind permission of the physicians and surgeons under whose care the patients were, I am enabled to give the following examples:—

A patient under Dr. Pavy, in Philip ward, some time since, suffering from lead palsy. Extensor muscles of forearms did not contract to either Faradisation, or to direct galvanic current (80 cells), but reacted to the inverse current of 40 cells. When general weakness of the arms and legs accompanies dropped wrist, I have found that the muscles of those parts are usually normal.

A patient under Mr. Davies Colley, now attending the electricity room, lost the use of his arm from a fall; the forearm and the biceps react to Faradisation, the muscles of the shoulder do not, and on applying the current to the triceps, the biceps are powerfully excited, flexing the arm—all muscles normal to galvanism.

In a case of lead palsy accompanied with general weakness, in Stephen ward, under Dr. Wilks, the galvanic bath was tried with a desire to find if the lead could really be extracted from the body by that means. The man was put into a warm bath, slightly acidulated with sulphuric acid, and a current of 80 cells passed through him for twenty minutes daily for eight days, the water, and the negative electrode (a large sheet of platinized silver), were tested daily by Mr. T. Jones, house physician at the time, but no trace of lead could be found; the patient rapidly improved, and left the hospital the ninth day.

In March, 1872, a woman was admitted into Mary ward, suffering from lead palsy. She had worked for some months in a white lead factory; she was galvanized—recovered the use of her hands, and gained her living by washing up to a few weeks ago, when she returned to the lead work (8 hours). She was seized with paralysis as badly as before. She is now an in-patient in Miriam ward, under Dr. Fagge, and improving under galvanic treatment.

The cases of loss of power from pressure, either from using crutches or wearing splints, have been very conflicting, in some cases the muscles reacting to Faradisation, in others to galvanism, and some both electro-motion and electro-sensation have been entirely lost, whilst in others they have been normal.

Scriveners' Palsy and Writers' Cramp have been very successfully treated by a plan recommended by Dr. Poor. Those most notably are one case of a smith who could not use his hammer, a shoemaker who could not stitch, and a clerk who could not write. These cases were under the care of Dr. Fagge, and the treatment was to apply a continuative current over the course of the nerves supplying the affected parts, the patient at the same time making use of those muscles. The two former cases quite recovered, and the latter much improved. His writing at the commencement and at the conclusion of the treatment is preserved in the room, and can be seen. At first he could not write three words without exciting the spasm; he could write a page at a time when he discontinued the treatment.

In local facial palsy, as in lead palsy, the paralysed muscles react to galvanism, but not to Faradisation, and a few applications is generally sufficient to produce very marked results. A case now being treated, under Mr. Laidlaw Purves, presents this peculiarity, that the muscles did not respond to Faradisation, or a direct galvanic current, but every muscle reacted to an inverse current. The patient is rapidly improving, and this particular condition is, although still perceptible, gradually subsiding. In another case the muscles react to either direct or inverse currents, and a third case only to a direct current.

PARALYSIS AGITANS.—A patient was admitted into Philip ward, under Dr. Habershon, in January, 1874. At the

time he could not walk without assistance, he was unable to write or even feed himself, and could not read. A continuative current was applied to the spine for two or three hours daily for some two months with remarkable results, and at the time the patient left the Hospital he could walk well, could feed himself with perfect comfort, and could read and write well. A patient was admitted into Miriam ward, under Dr. Wilks, in February, 1873, and afterwards removed into Mary ward. She had suffered with the complaint for 16 years, and at this time she could neither feed herself, walk, read, or write. A similar treatment was tried, and at the time she left the institution she could feed herself (eat an egg with a spoon) and could read with comfort, which she had not done for years.

In chronic rheumatism several cases under the care of Dr. Moxon have been much benefitted, the muscles being Faradised so as to move the joints affected. The patients state that they feel immediate relief.

Two very remarkable cases of chorea, under the care of Dr. Pavy, deserve especial attention. In April, 1874, a boy in Stephen, and a girl in Addison, had been treated by the usual remedies, which appeared to have no effect whatever, and Dr. Pavy ordered galvanism in each case. The boy at the time was so bad that he had to be held in the bed while the current was applied. They both gradually improved, and left the Hospital for convalescent homes, cured, after a few weeks' treatment.

LOCOMOTOR ATAXY.—Galvanism has been applied to the spine and limbs with various results. In some cases the patients state, immediately after the operation, that they feel quite differently; they express themselves that they can walk better, and feel lighter on their feet; in other cases the patients complain of feeling stiff directly after galvanism, which subsides, and they feel much benefitted an hour or two after.

NEURALGIA and SCIATICA have been very successfully treated. In April, 1873, patient admitted into Mary ward, under Dr. Wilks, had neuralgia incessantly for two months, and she was nearly worn out from want of rest. Galvanism was applied to face; the patient was immediately relieved, and went to sleep for several hours. The treatment was continued daily until May 21st, when patient left hospital perfectly cured.

INFANTILE PARALYSIS.—I have found in a great majority of these cases that the muscles do not respond to either galvanism or Faradisation; but after galvanism has been applied for a time an improvement in temperature takes place; the muscles respond to galvanism as the patient improves, and ultimately they react to Faradisation.

Space will not permit going further into cases, but it may be remarked that there are daily patients attending the electricity room well worthy of attention.

Mr. Callender, of St. Bartholomew's Hospital, has been extensively using salicylic acid in his practice as a disinfectant for the last year. We understand he has abandoned it in favour of carbolic acid. Salicylic cotton wool has lately been tried at this (Guy's) Hospital by Mr. Bryant, but the experience of his dressers does not say much for its power of destroying bad odours. A new substance—terebene—is also now being tried by the same surgeon. This substance has the not unpleasant odour of pine-wood, and seems to act well in checking bad smells.

Operations.

THURSDAY, JULY 29.

Mr. Lucas amputated at the hip joint, in the case of a boy who had sustained a severe smash of the whole of the leg and thigh.

FRIDAY, JULY 30.

He operated for a bad smash of the hand and leg. The leg was taken off just above the condyles of the femur. The house surgeon amputated through the forearm at the upper third.

The next case was a boy, who fell across a bar on Monday evening, and injured his perinaeum. Was unable to pass his urine until Tuesday morning. At that time there was no blood in it, but in the evening, when he passed some more, it was noticed there was blood. When admitted on Thursday he was quite unable to micturate; scrotum and perinaeum were much bruised. A catheter was passed as far as seat of injury, and some urine mixed with blood drawn off, which gave relief. Mr. Durham passed a curved grooved director through urethra into bladder; he then cut down upon director in median line of perinaeum, and passed knife along staff into bladder; a catheter was then passed into bladder through wound, and fastened there.

The next case was one of recurrent growth on inner side of right cheek. This was operated upon on July 6th, but was now found to be returning. Mr. Durham made an incision from angle of mouth to a little behind anterior border of masseter muscle, exposing its inner surface. The vessels were secured by torsion, flaps turned back, and the whole of the growth dissected out; the flaps were then fastened together with interrupted sutures.

Mr. Bryant removed an adenoma from the upper part of the breast of a girl aged 17. The patient has done well, the wound having healed by primary union.

The next operation was for necrosis of the shaft of the humerus of a boy on whom Mr. Bryant operated for the same disease last April. There being evidence of more dead bone, an incision was made in the upper part of the arm along the cicatrix resulting from the former operation, and a considerable portion of new bone had to be cut through before the sequestrum was removed.

SATURDAY, JULY 31.

A case of strangulated scrotal hernia. A large amount of bowel was down, and had been strangled about 56 hours. Mr. Lucas operated and reduced the rupture.

MONDAY, AUGUST 2.

Mr. Bryant amputated through the knee joint of a woman aged 61, for compound fracture of the leg seven days after the accident; an attempt had been made to save the limb, but the occurrence of arterial hæmorrhage rendered the above operation necessary.

TUESDAY, AUGUST 3.

In a case of a small infiltrating tumour of the breast Mr. Lucas made an exploratory incision into the growth, and discovering it to be cancer he removed the whole breast.

Mr. Durham operated upon a girl, æt. 13, for necrosis of shaft of tibia, which followed an injury received four months since. When admitted there was a great deal of thickening

of the whole shaft, with sinuses near the centre, leading down to dead bone. A long vertical incision was made, and several sequestra removed.

Mr. Bryant amputated the leg of a man aged 38, whose knee joint had been excised four weeks previously. The present operation having been rendered necessary on account of the leg having become displaced backwards, and the exhausted condition of the patient.

WEDNESDAY, AUGUST 4.

Mr. Golding-Bird excised the left hip-joint of a girl, aged 12. Making a longitudinal incision down to the joint, the head of the femur, which was found to be separate, was removed, with some small pieces of bone, and the wound left open. A fresh joint was in process of formation.

THURSDAY, AUGUST 5.

Mr. Golding-Bird removed an epithelioma from the labrum of a woman, aged 58, transfixing it by pins, and burning it off with the galvanic *écraseur*. A smaller one was removed in the same way, and several tainted spots were cauterised.

FRIDAY, AUGUST 6.

Mr. Bryant removed a neuroma from the end of a nerve in a painful stump; amputation through the knee-joint having been performed 13 months ago.

SATURDAY, AUGUST 7.

Mr. Golding-Bird amputated by the mixed method through the left arm of a man, aged 45, which had been smashed by a railway train. The left femur, which was dislocated into the sciatic notch, was reduced, under chloroform, by Mr. E. Duke, the dresser.

MONDAY, AUGUST 9.

Mr. Forster excised an ankle-joint for long-standing disease. The external malleolus was first removed, and then the lower end of tibia and fibula. The astragalus, being much diseased, was wholly removed, and the upper surface of os calcis shaved off. The operation was performed under the spray. The limb was afterwards put up in an iron splint, and fixed with bandages soaked in wax.

TUESDAY, AUGUST 10.

The first operation to-day was for polypus of the rectum in a man. The polypus having been brought down external to the anus by means of forceps, a needle armed with a double whipcord ligature was passed through the base of the growth, which was strangulated in two parts; the ends of the ligatures were cut off short, and the polypus was returned within the sphincter.

The next operation was for necrosis of the metatarsal bone of the great toe of a boy; an incision was made over the sinus which led down to dead bone; a portion of new bone had to be removed before the sequestrum could be reached.

In the ward, Mr. Bryant removed a large congenital tumour which was situated behind the left ear of a child six months old. The tumour was about half the size of the child's head, and the skin over part of the growth had ulcerated.

Mr. Durham removed the left lobe of the thyroid in the case of a woman, in whom this gland was so enlarged that she could neither speak nor swallow. A vertical incision was made on the left side of the neck, and the skin dissected back. The omo-hyoid muscle was also turned back. The vessels were nipped by the forceps and twisted as they were exposed, and there was very little hæmorrhage. The structure turned out somewhat easily, and the left lobe was twisted off the right and removed. Since the operation the woman has done well. Mr. Durham subsequently operated for fissured palate. The edges were pared and brought together by catgut sutures.

Surgical Wards.

RUPTURED DIAPHRAGM—HERNIA OF STOMACH, SPLEEN, AND PART OF LIVER.

(UNDER THE CARE OF MR. COOPER FORSTER.)

T. K., æt. 16, was admitted at 8 p.m. on July 14th into Cornelius Ward, No. 6. He was standing between the buffers of two railway trucks, when one was moved by a horse, and he was squeezed, one buffer hitting him in front on the right side of the chest, the other behind under left scapula. He walked into the Ward between two men, his face pale, and looked collapsed; pulse frequent and feeble; diastolic; is in pain in *one spot only*, the left epigastrium—tender on pressure. Ordered Pil. Opii. gr. i., 4tis.h., and iced milk and water.

12 (Midnight).—No tenderness anywhere else; abdomen not swollen; complains of great thirst: indeed, it was the first symptom when he was in bed. The tympanic resonance of stomach extends uninterruptedly up to the left second intercostal space, and the heart's apex beat is on the right side in the usual position with regard to the ribs.

15th.—Pulse still weak. Temp. normal. Spymograph shows diastolic well. The respiratory murmur heard on left side only, over the apex, and the breathing, which is hurried, is *entirely thoracic*, and forced. He has had no sickness; thirst still continues, and he wants something to eat. 10 p.m.—Stomach swollen and tympanic. P. 120, T. 101.8. Collapse greater. Gurgling could be heard over supposed position of stomach on making him swallow milk.

16th.—Gradually sank and died at 5.45 a.m., having lived 33 hours after the accident.

Autopsy.—On opening the abdomen, a little blood found in peritoneal cavity; intestines filled with gas; no omentum to be seen; stomach disappeared too. On opening the left pleura, the stomach is found lying in a quantity of blood, the lacerated spleen behind it, a small piece of liver also in pleura, and collapsed lung at apex; a hole on left side of central tendon of diaphragm, admitting one's fist, partly in tendon, chiefly in muscle. All the viscera quite healthy.

The great peculiarity was, throughout the case, the *intense thirst*.

Miss Mary Edith Peehey has been appointed House Surgeon (*sic*) to the Birmingham and Midland Hospital for Women. We believe her only qualification consists in having attended some courses of lectures at Edinburgh.

Eye Wards.

Mr. Bader performed the following operations on Friday, the 30th:—

1. Displaced retina in the right eye. Iridectomy performed previous to another operation. Cataract in the left eye. Mr. Duke performed iridectomy previous to extraction.
2. Old corneo-iritis with fixed pupil. Iridectomy performed downwards in both eyes.
3. A ruptured eye-ball which Mr. Romano excised.
4. Old corneo-iritis. Iridectomy performed upwards and outwards in both eyes.
5. A case of iritis with increased tension, no perception of light. Sclerotomy performed.

August 6th.—1. Cataract and closed pupil; linear extraction downwards with iridectomy. The eye was glaucomatous, and had been sclerotomised previously to reduce tension.

2. Congenital cataract both eyes. Iridectomy upwards, and capsule of lens torn through with hook.

3. Glaucoma both eyes, one blind. Sclerotomy in one upwards, in other downwards, to relieve tension.

4. Mr. Duke removed stump of eye; the lens was hard and chalky, and a large piece of true hard bone was found in choroid.

5. Glaucoma both eyes, after introduction of atropine (elsewhere) in eyes with increased tension, and iridectomy subsequently performed without relief. Sclerotomy in one upwards, in other downwards.

Mr. Higgins.—August 9th.

1. Trichiasis with narrowing of palpebral aperture from old granular ophthalmia. Skin containing hair bulbs removed, outer canthus divided with scissors, and conjunctiva stitched between raw surfaces.

2. Perforating ulcer of cornea, adhesion of iris, constant irritation. Iridectomy upwards.

3. Ectropion. Margins of lids pared and united.

4. Eversion of portion of upper lid near inner canthus, from injury six months ago. Opposite edges of upper and lower lids pared and brought together by sutures.

5. Corneal opacity, adhesion of iris. Iridectomy downwards and outwards. Iris was very soft and tore easily.

6. Corneal opacity, convergent strabismus. Iridectomy upwards and outwards.

7. Lachrymal fistula from dead bone. Canaliculus slit and knife passed down nasal duct. No. 6 lachrymal probe passed subsequently. The object of this operation is to open the natural passage and thus allow the fistula to close.

8. Senile cataract both eyes. Right—extraction with oblique corneal section; left—linear extraction upwards, with iridectomy.

9. Corneal opacities both eyes after specific keratitis. Iridectomy downwards and inwards opposite clearest portion of cornea.

10. Mr. Romano excised a shrunken eyeball after choroido-iritis; the eye was a source of great pain to patient, the ciliary nerves being probably involved in the changes; the other eye was also lost, but gave no trouble.

11. Ectropion of lids after tinea. Mr. Duke pared the edges of lids, and brought the raw surfaces together with sutures.

General News.

A DISSATISFIED YANKEE PATIENT.—The *New York Medical Record*, states that two physicians in Quincy, Ill., have been sued by a patient on whom they operated for hernia. The declaration states that the defendants conducted themselves in an ignorant manner by unnecessarily, wantonly, improperly and unskilfully performing a surgical operation on the body of the plaintiff, by cutting through the flesh of said plaintiff into the abdominal cavity, and through the left lower region of the abdomen; and in an unskilful manner the defendants took and removed from the cavity of the abdomen of plaintiff twenty-five feet of bowels, by reason of which ignorance his recovery is greatly impeded!

THE Chloroform v. Ether controversy is still waged in the pages of the *Lancet*. Last week there were two long letters from Messrs. Pollock, and Brudenell Carter, of St. George's Hospital, on the subject. These gentlemen are very strong in their opinions both as to the safety and efficiency of ether as an anæsthetic. Mr. Carter says that "ether is in all respects as available and as effectual as chloroform; and that it is absolutely safe. I do not believe it has ever destroyed life, nor do I believe that it has any tendency to destroy it." Mr. Pollock on the contrary, says "No one can doubt that ether can be made to kill." Meanwhile the administration of chloroform goes on.

The Holborn District Board of Works has the honourable position of having been the first body to institute proceedings under the Artizans' Dwellings Act. The wretched purlieus and dens in the neighbourhood of St. Albans, Holborn, have been condemned, extending over an area of about 14 acres. About 239 houses and more than 1000 families will have to be temporarily displaced. Some of the courts and alleys in this unhealthy area are stated to be only four feet wide.

It is the custom at St. Thomas's Hospital for the Staff to visit the Wards early in the morning. This body lately made a representation to the Treasurer that it would be desirable to change the hour to the afternoon, and received as their answer that the change would be inconvenient to the Nursing Staff, and to others concerned, and that no change could be made. The *Lancet*, in concluding an article on the subject, says: "We recommend Sir Francis Hicks to concentrate his great administrative powers upon finance, drains, bricks, and mortar, and leave the doctors to do their own work in their own way."

From the Report of the President of the College of Surgeons it appears that the income of the College for the year is £16,057 12s. 4d., and the disbursements are set down as £14,052 8s. 2d.

Lord Henniker's Bill for regulating vivisection has been withdrawn this session, with a promise of its re-introduction next year, subject to the Report of the Royal Commission.

PASS LISTS.

The following gentlemen have recently been successful at the under-mentioned examinations:—

COLLEGE OF SURGEONS.—*Pass Membership.*—R. Coom, C. T. Alexander (Surgery only).

APOTHECARIES' HALL.—*Primary.*—Owen Bowen, A. Dennis, L. R. C. P., Edin.

UNIVERSITY OF LONDON.—*Preliminary Scientific 1st Division.*—T. W. Puller, W. B. Hinton, E. Penny, G. Hannah, T. S. Sheldon, A. M. Turner, W. H. White, L. C. Woolridge. *2nd Division.*—A. D. Dean, H. Hine, G. F. Symons.

FIRST M. B.—*2nd Division.*—H. Davy, P. Horrocks, M. Lubbock, E. H. Paddison, L. H. Stevenson.

PHYSIOLOGY ONLY.—H. L. Champneys, Alfred Finch.

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3RD YEAR.

W. P. Reynolds, £40; R. Bevan, £35; J. McCarthy, certificate; J. Brett, certificate.

2ND YEAR.

J. C. Unthoff, £35; J. Poland, £30; F. Blaker, certificate; C. Gross, certificate.

1ST YEAR.

C. Parry, £30; E. S. Morley, £25; H. Stewart £10 10s.; — Messrs. Cock, certificate.

FIRST M.B. PASS EXAMINATION, 1875.

ANATOMY.

Examiners—G. W. CALLENDER, Esq., F.R.S., and Prof. G. VINER ELLIS, F.R.C.S.

1. The surrounding soft parts being removed from the knee-joint, but the capsule being unopened, specify how you would show the external and internal ligaments of the joint. Describe next the end-attachments of the crucial ligaments and semilunar fibro-cartilages, and state their use in the to-and-fro movements of the joint.

2. Supposing the complexus muscle, and the parts superficial to it at the back of the neck, to be reflected in the usual way, describe the end-attachments, use, and nerve-supply of the muscles laid bare, and the course and distribution of the vessels and nerves, as far as these are visible.

3. Describe the dissection of the middle third of the front of the thigh—the dissection being limited beneath by the femur and the inter-muscular septa.

N.B.—The description of the dissection is to contain an account of the relative position of the several objects coming successively into view; of the characters by which these are to be recognised; and of the branching of the vessels and nerves.

4. Give the origin, course, and ending of the vessels and nerves of the eyeball.

1. Give the dissection necessary to expose the flexor longus pollicis manus in its entire extent, and give its attachments and the arrangement of its tendon. Describe in detail the arteries, veins, and nerves in the hand, as far as they are seen in the course of the dissection.

2. Describe the osseous construction of the right nasal fossa. Describe also the naked-eye characters of its lining membrane, and its arteries, and nerves. Mention the various sinuses which communicate directly or indirectly with it.

3. Describe the cavities of the right side of the heart.

4. Give a complete description of the os calcis, including its development. What structures are fixed to it, and what are their precise attachments to the bone?

PHYSIOLOGY.

Examiners—Dr. ALLMAN, F.R.S., and Prof. RUTHERFORD, M.D., F.R.S.E.

1. Give an account of the minute structure of the spinal cord, and of the tracts through which sensory and motor impulses pass to and from the brain. Explain the manner in which these tracts have been ascertained.

2. State the chemical composition of bile, the source and destiny of its several constituents, and the changes which the portal blood undergoes during its passage through the liver.

3. Describe the act of deglutition; and, in so doing, mention the muscles and nerves concerned.

4. Give a full account of the circulation as it may be witnessed in the web of the frog's foot. State and criticise the opinions advanced regarding the motive powers of the blood. Why is the pulse usually confined to the arteries, and why does it sometimes extend through the capillaries into the veins?

Medical Wards.

A CASE OF MORBUS CORDIS.

UNDER DR. WILKS.

J. E., æt. 55, admitted July 7, 1875, in Stephen, 27. Father and mother both lived to an old age. One brother died of chronic phthisis at the age of 10. Married, 7 children, all living and healthy. Never had any serious illness before. Occupation, a metal-porter at an iron-foundry. Had no recollection of having had a blow from a piece of metal, or of having strained himself in any way. Always drank beer, but moderately. Seven weeks before admission he first noticed pain in epigastrium whenever he lifted anything heavy. This was followed by shortness of breath. Four weeks before admission his feet began to swell; then his legs, thighs, and scrotum; also his face. One week before, he noticed his urine become scanty.

On admission, there was oedema of loins, as well as the parts above mentioned. His arms were somewhat wasted; face jaundiced, and at times slightly blue. Marked coldness of nose and extremities.

Heart: Sounds distant, but normal. Apex beat not distinguishable, and no increased dullness could be made out.

Liver: Dulness increased about an inch downward.

Lungs: Resonant all over. Filled both sides of chest equally well. Tubular breathing at right infra-clavicular region, with occasional sibilant râles. Puerile breathing on left side in front, but not behind.

Urine: Sp. gr. 1021. No albumen.

Pulse: 96, small and compressible; T. 97.6.

Sputa resembled in colour diluted port wine, and seemed to be composed of blood, mucus, and saliva. Bowels regular.

July 8.—Ordered mist. vini gallici $\frac{3}{4}$ i. t.d.s. Hot-water bottle for feet.

July 10.—Sputa more tenacious and frothy, but uniformly dark blood-coloured. A little albumen in urine.

July 17.—Dyspnoea rather more marked, but the extremities and nose warmer. Used to doze for short periods, and talk in his sleep. Sonorous râles all over chest; louder on right side than left, and less distinct behind. Oedema of back increased. Bowels opened three or four times daily. Sputa remained the same, but was less in quantity.

July 19.—Had been occasionally delirious. Dyspnoea decidedly increased. Physical signs of chest unaltered.

July 20, 12.30 a.m.—Dyspnoea became more intense, and the trachea was heard to be full of mucus. Heart became weaker, and pulse very compressible, while he spat up more blood. Was given some brandy, did not rally, and died half-an-hour afterward, the heart's action continuing after breathing had ceased.

Autopsy.—Beside the great oedema of the extremities and loins, fluid was found in each pleura, somewhat compressing the lungs; also in the pericardium and peritoneum. There was slight oedema of one lung, and the right had several large patches of pulmonary apoplexy, the emboli corresponding to some of which were discovered. One apoplectic patch existed in left lung. The bronchi were red, and filled with frothy fluid. The heart was enlarged, weighing $19\frac{1}{2}$ oz. The enlargement was tolerably uniform, but the shape was somewhat more rounded than usual. There was dilatation of the cavities, especially of the left ventricle, which was convex towards the right. Ante-mortem clots were present in both sides of heart amongst the muscoli papillares. Aortic

valves sustained a column of water very well, but the right anterior and the posterior segments were united, and there was calcareous deposit in all. Other valves healthy; muscle healthy; walls hypertrophied. Thoracic aorta, athermatous. Kidneys granular, cortex wasted, and arteries thickened—10½ oz. Spleen small, weighing 3 oz. Stomach showed three cicatrices of small ulcers, probably due to embolism. Liver—nutmeg, congestion of vessels—weighed 61 oz.

REMARKS BY DR. WILKS.

This case is interesting, as it affords an illustration of a form of disease not very uncommon, but whose pathology is not yet strictly determined. It must have been observed how very frequent is the combination of heart and kidney disease in persons beyond the middle period of life, but it is not always easy to determine what is their relationship, and to which to proportion the larger share in the production of the dyspnoea, the dropsy, and some other symptoms.

An analysis of cases will show, in the first place, that a primary valvular disease, having its origin in an endocarditis, may eventually lead to so great congestion of the organs of the body, that an albuminuria is produced, with the usual symptoms attendant thereon. In a case of the kind long under the medical eye the sequences are clear, although when the patient arrives at the hospital shortly before death the relationship between the kidney and heart affection is not always made out.

Then, again, there is the case of the constitutional disease known as *Morbus Brightii*, where the kidneys are contracted, the blood-vessels thickened and diseased, and the left ventricle of the heart hypertrophied. Now in this case the symptoms which are referable to the heart, as shortness of breath, &c., are probably due to uræmia, or a morbid state of blood; probably even marked cardiac apnoea, with palpitation and irregularity of action, may be attributable to the same cause. Certain it is that no stethoscopic signs of heart disease exist, although this is constantly thought to be the case by those who have forgotten to make an examination of the urine.

A time does often arrive, however, when the cardiac symptoms are so pronounced in *Morbus Brightii* that no other explanation of them can be given than a fault in the mechanism of the heart itself, and this is then found to be a dilatation of the left ventricle, rendering it incompetent for its work of propulsion, and at the same time, perhaps, interfering with the closure of the mitral valve. In this case there would be a systolic bruit.

Herein lies the question as to the cause of the dilatation and weakness of the heart. It must be remembered that a simple dilatation of the heart, leading to cardiac imperfection and all the usual consequences of it, is by no means uncommon, and may have its origin in various debilitating causes; but in the case where it is associated with *Morbus Brightii* it may be conjectured that the same influences are in operation which give rise to the well-known hypertrophy—the poisoned state of the blood and the thickened vessels—only that from such special cause, involving a malnutrition of the tissues (including the coronary arteries), the ventricle distends instead of hypertrophying, and thus leads to a secondary and real heart disease. The subject of enlargement of the heart, with subsequent valvular imperfection, is one which very much interested the late Dr. Barlow, and a paper by him, with a series of cases, will be found in the "Guy's Hospital Reports" for the year 1859. Therein will be seen

how many of these were associated with Bright's Disease suggesting the theory for their production already named.

In the present case it will be seen, by the light of the post-mortem examination, that the cause of the prevailing symptoms lay in a weakened heart, and that the patient was the subject of Bright's Disease. The etiology of his malady may be therefore explained in the manner described. As regards the diagnosis, it is interesting to observe how extremely well marked were all the cardiac symptoms, whilst stethoscopic signs were absent—a fact which should be contrasted with an opposite state where a *morbus cordis* may be easily diagnosed from the presence of a bruit, and yet the heart be perfectly efficient for its duties. These symptoms were all that our forefathers, half a century ago, had to rely upon, for the pre-Brightites and the pre-Laennecaans knew nought of albumen in the urine, nor cardiac bruits. The symptoms were, however, so well marked in the present case, that they could not, and ought not, to have been mistaken—viz., shortness of breath, dropsy, apoplexy of the lungs, hepatic enlargement, and other minor conditions. The points of interest, therefore, are—firstly, the well-marked symptoms of heart imperfection, without the presence of a bruit or signs of primary valvular disease; and, secondly, the etiology of the dilatation which gave rise to these symptoms.

[We are indebted to Mr. C. P. Creed for the report of the above.]

The Wards.

MEDICAL.

The following cases were admitted between Aug. 4 and Aug. 11:—

ADDISON.—22. Hysteria—local anæsthesia.

MARY.—22. Bronchitis. Cot. Marasmus.

STEPHEN.—6. Bronchitis—death. 10. Hemiplegia—cerebral hæmorrhage. 14. Acute rheumatism. 19. Acute rheumatism. 25. Phthisis. 30. Pleuro-pneumonia. 33. Phthisis—pneumonia. 44. Facial erysipelas. 45. Facial erysipelas. 51. Laryngeal spasm from pressure of mediastinal gland—tracheotomy—pneumonia—death.

SURGICAL.

The following cases were admitted between Aug. 4 and Aug. 11:—

ACCIDENT.—2. Smashed arm and dislocation of hip. 7. Run over. 15. Sprained ankle. 16. Sprained ankle and fractured ribs. 18. Synovitis of knee. 19. Wound into knee-joint. 21. Scalp wound. 22. Bruise over leg. 22. Scalp wound. 23. Wound of palm. 23. Injury to back. 28. Sprained ankle.

CHARITY.—1. Talipes. 2. Enlarged bursa patellæ. 3. Necrosis of jaw. 10. Lipoma. 19. Concussion. 22. Ulcer of leg.

CORNELIUS.—8. Synovitis of knee. 12. Fractured base—death. 16. Synovitis of knee. 19. Double fracture of thighs.

DORCAS.—4. Ulcer of legs. 6. Fractured tibia. 8. Run over. 9. Morbus Coxæ. 21. Ulcer of leg. 23. Fractured ribs.

JOB.—18. Polypus of rectum.

LAZARUS.—5. Cleft palate.

LUKE.—10. Bruised hip. 15. Stricture of œsophagus. 20. Epithelioma of lip.

LYDIA.—Cot. Morbus Coxæ. 17. Congenital tumour of scalp. 21. Ulcer of leg.

MARTHA.—2. Adenoma of breast. 3. Labial abscess. Cot. Talipes. 9. Chronic inflammation of breast. 10. Mammary abscess. 13. Ulcer of leg.

NAAMAN.—6. Glandular inflammation in thigh. 12. Epistaxis. 17. Loose cartilage. 22. Old fracture of thigh.

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Hospital



Gazette.

A Students' Journal of Hospital News, Medicine, and Surgery.

VOL. VI.—No. 16.]

SATURDAY, AUGUST 28, 1875.

[TWO PENCE.]

THE case of habitual drunkards is one that has lately been exercising the minds of prominent men of our profession; and through their means it has lately been brought to the consideration of that branch of the Legislature, under whose province it more immediately falls. The difficulty of the case was well expressed by the Home Secretary, when he called attention to the extreme nicety of the question, and stated how very delicate a matter it was to legislate for a class of the community, which was neither criminal or insane, but was on the border line between both these conditions. There are two great classes of drunkards; in the one the victims of this vice drink long and persistently; in the other, which is more rare, there are long intervals of abstinence from alcoholic stimulants, but every now and again come times, when the craving for drink overcomes both the moral sense and will, and the person gives way to the fullest extent to this fearful passion. These people drink not for the drink itself, but to get drunk. The remedy which is admitted on all hands to be the only one for the cure of these people, who become a curse both to themselves, and all around them, is to have some means of restraint, whereby they may be shut off from the power of indulgence for a greater or shorter space of time, until by continued abstinence they may be cured of their propensity; whilst, for the latter class, confinement during their unrestrainable intervals is all that they require. But in the present state of the law this cannot be done, and even were the habitual drunkard himself ever so anxious by this means to break himself of his fatal habit, there is no power to put in action this remedy for his cure. It can readily be seen how very dangerous a power it would be to give any authority to lock a man up upon evi-

dence which must in the main depend upon the testimony of friends and relatives; but yet, perhaps, something could be done to make the matter a permissive one; so that those of the poorer classes, who are midway between crime and insanity in this matter, should have the means of curing themselves within their grasp.

A HIGH encomium has just been published upon the satisfactory way in which the Medical Officers of Health discharged their duties during the late epidemic of scarlet fever. In all, save our largest towns, these officers are appointed from the ordinary practitioners of the town, and cannot have, or be expected to have, any special knowledge in State medicine. They are miserably underpaid, and the emergency of life prevents them from giving up private practice. If, on the other hand, a competent officer, with a fair salary, be appointed, it is generally on a sort of co-operative principle, so that a large district is amalgamated together, and but one officer of health provided for the whole. These are facts which we have had under our own observation, and which we think many of our readers could corroborate. But such a state of affairs should not be, the public should be better educated as to the important work of State medicine, and then, and not till then, will the Officer of Health attain his proper status. We have no hesitation in saying that the duties required, are, in point of special knowledge, beyond that possessed by the ordinary run of practitioners. Public medicine requires a special course of study, in special subjects; but not until students see their way clear to an honorable competence in this branch of medicine, will they be likely to give themselves up entirely to its study.

Obstetrics.

To many, if not most, of our fellow-students, the Obstetric Ward is a name, and that only. Besides the "Charities," and a few men going up for the L.R.C.P., the student's footstep is seldom heard in this region, charmed or inaccessible. Without repeating unwelcome admonitions about the great importance of giving more practical attention to this class of diseases, we will introduce our readers to a few really interesting cases at the present time in the ward.

But first we will refer to a case, reported in the "Gazette" a few weeks back, of supposed suppurating cyst of the uterine appendages. Further observation, in a neighbouring part of the building, disclosed not a cyst, but the representative of the peritoneal cavity, incised. The intestines had been bound down—probably before the first tapping—and covered over by plastic lymph. The uterus was not well developed, being small, the ovaries were not in any way diseased. The mesenteric glands were universally enlarged to a moderate extent, and some were caseous. An oval opening existed, with healthy edges, at the pyloric end of the stomach, communicating with the great cavity, and food, more or less digested, had been constantly observed through the wound for the last ten days of her life. She died exhausted. There was no other morbid condition found that had any bearing on her fatal disease, except a small cicatrix, and some cheesy matter in the apex of the right lung. The woman would have probably died much sooner had she not been disburdened of her foetid contents; but we feel inclined to ask how it would do, in a similar case, to treat it like an *empœma thoracis*?

But, though the Charities were employed (unconsciously) for nearly three weeks in non-obstetric operations, they have gathered together a fair little field of observation for the student of ovarian disease.

39 Mary, has a multilocular cyst of 12 months' growth (*i.e.*, observed swelling of abdomen). But her chest is full of moist sounds, she has phthisis, and though that has not taken very deep hold of her yet, it is deemed inadvisable to perform the great operation. She is 42, and her tumour is mechanically distressing her already.

47 is a younger woman, 35. Her tumour is different from 39's; there is much hard matter in this. She has noticed its growth 11 months. She had peritonitis eight weeks ago. She has lost flesh, but is much better now, since she has been in. Her symptoms are mostly abdominal. The uterus here is pushed forwards, and pulsating vessels can be felt at that part, suggesting pretty firm adhesions. She will soon come to an operation.

37 has neither peritonitis nor chest trouble. She is quite well, only for her tumour, single, *æt.* 21, very thin and sprightly. She gives a history of two years. Her abdomen was hugely distended when she came in, and there was very little resonance even in the extreme flanks. She was tapped on the 16th, and the main cyst emptied of viscid, clear fluid, containing cholesterine. But there are several large cysts left behind, forming a mass in her right side, reaching as high as the ribs.

27 gives a history from last Christmas only. Her symptoms have been of the slightest. She is 54. Her cyst appears unilocular. In the right inguinal region is a solid mass, and there is reason to suspect that this is the

uterus elongated, and in front, but this could not be verified by the sound, as the os was so small. The woman is in a very fair condition.

41 is an interesting case. Her illness dates from a confinement eight months ago. She came in with pain in the lower part of the abdomen and partial incontinence. Has a little high temperature, and a very quick pulse. A solid mass is felt above the pubes, and an elastic one bulges out the anterior vaginal wall, and the two are, to all appearance, aspects of the same tumour, as an impulse is imparted to the vaginal swelling from outside. The urethra is pushed to one side; the cervix is drawn up from the vagina, and the os is just behind the tumour. The incontinence is checked by injection of morphia into the bladder at night. She is in fair health now, but says she has lost flesh.

A young woman, about 30 years of age, has just come in, in order that she may be delivered prematurely—between the seventh and eighth months. Her first child was born dead at full time; her second, at full time, was delivered by the forceps; her third was a "cross birth," and she was put under chloroform; her fourth was brought on prematurely, and her last came on of itself at the end of seven months. She is a small, but apparently symmetrical woman, but the antero-posterior diameter is not more than three inches.

35 is an interesting case. [She is about four months' pregnant. She has been subject to prolapse for three years. Her last confinement was three years ago. Cervix is greatly elongated, capable of coming external, os externum opened, lips ulcerated at one part. A portion of the uterus is below the promontory of the sacrum, and another lies in an opposite direction. For the last week she has been losing blood and solid fleshy masses (clots?), but then her cervix has been prolapsed. She has had considerable pain in the abdomen for the same period. We put her under chloroform last Saturday, and tried to return the uterus from the pelvis, passing three or four fingers into the rectum, but without success. It seems that her bladder has been distended without any one knowing it, for she has "passed her water." Barnes says these cases recover their natural position by the part in front growing into the free abdominal cavity, and drawing out the part in the pelvis. But often they go on to abortion, and sometimes, without such relief, the patient will die from the results of pressure.]

A patient, in 48, has a large polypus of the uterus growing, apparently, from the inside of the cervix. She is much blanched from repeated floodings during the last two years.

We hope we have given cause for disabusing any reader's mind of the notion that obstetrics are altogether a dreary desert without any source of interest.

CHRONIC OBSTRUCTION OF THE INTESTINES —EFFECT OF ACUPUNCTURE.

Leonora Goodwin, *æt.* 46, married, but never pregnant, occupation—housewife, was admitted into Bright on April 27th, 1875, under Dr. Moxon. One brother died of cancer of the tongue. 18 months ago catanenia ceased suddenly. For the last four or five months has had pains in abdomen of a griping character, her bowels have always been regular, has had some swelling of feet and legs, and also distension of the abdomen. 18 months ago was ruptured, always been able to return it easily; the truss which she has worn has caused some amount of pain.

On admission.—Abdomen distended and resonant all over. No fluid. Gurgling and rumbling noise on pressure. Motions loose, pale, but passed without pain. No tumour felt. *Urine*—normal. *Rectum*—no stricture or tumour, roomy. *Uterus*—normal, no tumour. While in the hospital she had no constipation, and was not treated with enemata. The diagnosis was intestinal obstruction from a band or growth. The peristaltic action was very visible, and she had griping pains in the abdomen, and occasional vomiting. Left July 2nd, 1875, comparatively well, but with her abdomen still distended.

Re-admitted into Clinical Ward, July 29th, 1875, with an immensely distended abdomen, measuring 40 inches at level of umbilicus. Constipation for last five days. A large mass of feces in the rectum, which an enema removed. Peristaltic action of intestines, and rumbling the same as before. Uterus retroflective from the pressure of the distended intestines (this, however, righted itself when the distension was removed). Abdomen tympanitic all over. No fluid or solid growth discovered. Glands not enlarged. Face anxious and drawn. Tongue furred. Pulse quick and small. Temp. normal. Probably some obstruction about cæcum. Patient was treated with various enemata which procured a motion each time until August 1. The distension was then excessive, peristaltic of the small intestines active and painful, vomiting had set in; Dr. Pye Smith, therefore, after consulting with Mr. Hooker, decided to puncture the abdomen, which was done by Mr. Ferrier in five places, with a grooved needle. No gas escaped. After the operation fresh vomiting set in with increased action of the intestines, and the patient had a number of loose motions, with discharge of wind both by rectum and mouth. The abdomen rapidly diminished in size, and patient is now fairly well, having had no signs of peritonitis. After the abdomen had become flaccid a more satisfactory exploration showed that there was no swelling in the cæcal region, but some fullness in the hypogastrium to the right of the middle lines, and vaginal examination showed thickening in the same direction.

Remarks.—The case, at first, appeared to be one of chronic contracting stricture of the large intestine which, in a woman of her age, would probably be of malignant character; rectal examination and the absence of distension in the colour pointed to the cæcum rather than the upper part of rectum (the two portions most liable to cancer). This was disproved after relief of the distension permitted free palpation of the abdomen. The chronic character of the obstruction, its previous occurrence and removal, and the slight constitutional symptoms, all forbid the supposition that there has been any twist, external strangulation, or other cause of acute ileus. The locality of the impediment not being the cæcum must apparently be near the end of the small intestines, and the thickening about the right broad ligament suggests the possibility that adhesions of the lower part of the ileum have formed, binding it to the right ovary or uterus, and narrowing its calibre from outside. The remarkable relief afforded was due to mechanical stimulation of the muscular fibres of the gut. The operation of acupuncture is therefore different in principle from that of tapping a distended abdomen with a fine trocar. Notwithstanding the favourable progress of the case so far, experience shows that these cases of chronic obstruction are rarely definitely cured, and hence the prognosis is that the symptoms will probably return, and ultimately give an opportunity of ascertaining the real nature of the case.

Surgical Wards.

CASE 1.—PROLAPSUS RECTI, DUE TO POLYPUS OF RECTUM.—REMOVAL BY LIGATURE.—CURE.

Horace Williams, æt. 47, was admitted March 1, 1875, into Job, under the care of Mr. Bryant. First felt pain about rectum about 30 years ago. Within the last ten years has had considerable pain, with a something protruding from the anus, which he used to return. The protrusion took place both at stool, and whilst walking about.

On admission.—Mr. Bryant, on making examination, found that the prolapsus recti did not extend all round, but was more on one side than the other. The rectum was very loose, and a polypus was discovered at the lower part. This was brought down and ligatured then and there. After the operation the patient steadily improved, and left the hospital on March 17 nearly well.

CASE 2.—POLYPUS OF RECTUM.—REMOVAL BY LIGATURE.—RECOVERY.

H. B., æt. 45, admitted into Job 18, on August 6, 1875, under the care of Mr. Bryant.

A year ago commenced to suffer from constipation; passage of solid feces began to cause much pain. Had a sensation of the presence of something in the rectum; he was unable to void.

Nine months ago began to pass blood when the bowels acted, but not in any quantity, but for the last two or three months the amount has been greater, and the difficulty of passing a motion has increased. Complains much of headache. Has pain in his back and loins, and great itching about the anus.

On admission.—Abdomen a little full on the left side, and there are enlarged lumbar glands in the left iliac region. Cæcum enlarged on the right side.

There is a relaxed condition of skin about the anus from old hæmorrhoids. Examined digitally per rectum, a broadly pedunculated polypus was felt high up on the anterior wall.

August 10. The patient being placed under chloroform the diagnosis was confirmed, and the growth nipped by forceps and brought down. A double whipcord ligature was passed through the base of the growth; a second needle was run through under this, and the ligature lightly tied. The growth was returned to the rectum to slough out.

Since the operation the patient has been comfortable, but the slough has (7th day) come away.

REMARKS BY MR. BRYANT.—These two cases of polypus of the rectum illustrate very clearly the symptoms of the disease. In the first a severe prolapse of the bowel, and in the second hemorrhage with local discomfort. Prolapse of the bowel as a symptom of polypus is not so well recognised as it ought to be. It occurs when the polypus is high up the rectum, and is clearly due to natural efforts to expel the growth. Hemorrhage from the bowel is a more common symptom, and in a child may be regarded as being almost characteristic of polypus. The treatment adopted in the cases recorded is the one that should always be employed; it is almost always successful.

CASE 3.—STRICTURE OF THE RECTUM, OR GROWTH.—POLYPUS.

S. K., æt. 39, was admitted into Job, on July 27, under the care of Mr. Bryant.

The patient is a sailor, and has lived much in foreign climates. Had two attacks of dysentery whilst in India and China, the last about 13 years ago.

About 6 years ago began to suffer from relaxation of bowels, with frequent desire to pass motions, and occasionally bleeding from the rectum. These symptoms have continued up to the present time. Five years ago used to suffer acute abdominal pain, and swellings used to appear over left inguinal and lumbar regions, which disappeared on pressure, or passage of flatus. Last February had severe hemorrhage from the rectum losing as much as half-a-pint of blood a day for about a week.

On admission.—Patient goes to stool about 12 times a day, with a good deal of straining. He very seldom passed a solid motion. He feels a burning sensation at the anus, and a throbbing inside. The bowel in left iliac region is much distended with flatus. Examined per rectum, the finger seems to touch a solid mass, and the tip can just be passed into a ring.

The patient's stools consists of thick viscid mucus, with blood, and vary a good deal as to quantity; sometimes a very small amount is passed, but with intense straining.

On August 3rd, the man was ordered Pulv. Ipecac. gr. v. Ent. Gentian qs. Ft. pil. sentis horis.

Since he has been taking this he passes his motions about once in 24 hours, but they are still very watery; but no blood or mucus are to be seen.

REMARKS BY MR. BRYANT.—The symptoms which have been described in the above report are not quite those of stricture, although they are those of some narrowing of the intestinal passage; and it is a question whether this narrowing may not be due to the presence of some new growth, such as a polypus. The passage of blood and mucus at uncertain times suggests this thought, as the absence of any purulent or muco-purulent discharge militates against the idea of the narrowing being due to stricture. The case is simply being watched; no more active treatment being at present justifiable.

LARGE CONGENITAL TUMOUR IN AN INFANT—INCISION.

(UNDER THE CARE OF MR. BRYANT.)

H. J., æt. 6 weeks, was admitted into the hospital on August 11th, 1875, with a tumour behind left ear, which was about the size of a hen's egg at birth, but it increased rapidly in size. About a week after birth, the skin over the tumour began to slough and left a raw surface; lately there has been a good deal of bleeding from it; has been fretful and ailing since birth.

On admission.—Patient is a wretched looking emaciated infant. There is a large somewhat rounded lobulated tumour situated behind the left ear, about 3-in. by 4-in. in diameter, underneath skin very soft, pretty freely moveable over subjacent tissues, apparently unconnected with the interior of skull or bone. There is no paralysis.

A large surface of skin situated over central part has sloughed and separated, leaving an unhealthy looking sloughy

surface exposed; from which there is rather profuse offensive discharge. The superficial vessels are much distended.

Chloroform mixture being given, Mr. Bryant at once removed the growth. He made an incision all round the tumour and with a little dissection the mass was removed, being perfectly encapsuled. It was most firmly attached in the neighbourhood of mastoid process. A large vessel (Posterior Auricular) was twisted, and the edges brought together by a continuous suture.

21st.—Child has been fretful since operation; but takes the breast pretty well, and is apparently progressing towards recovery. The wound is looking healthy. The tumour, which on account of time has not been thoroughly examined, is probably a myxo-sarcoma.

We are indebted to Mr. Grainger for the above report.

Medical Wards.

Mr. J. Todd has favoured us with the following case:—

Francis Cooksey, æt. 47, admitted into Philip, 34, on June 9th, a gas-stoker. Always enjoyed good health until three years ago when he caught a severe cold; he then felt a pain in his back, the pain increased and ran down his left leg, being most painful at the hip-joint. He was laid up for 18 weeks with it, and was cured by the means of iodine being applied locally. He remained well until eight weeks ago, when he again took cold, and immediately after felt pain in head, and also in back. The pain in back extended down the left leg to the front of foot.

On admission.—All organs normal. On examination of thigh there is no swelling, but over course of great sciatic nerve complains of pain, more so at hip, and particularly so on pressure. Pain commences at left buttock, and extends down the back of the thigh to the inner and outer side of the thigh. On pressing the buttock there is pain, and also on deep pressure between the ham strings, the pain is shooting and pricking, is nearly always present, and is increased by warmth. Occasionally he has numbness of limb, lasting an hour or two. Is unable to walk on account of the pain he suffers at the hip when he bears his weight on.

10th.—Does not sleep much on account of pain. Warm bath daily. Mist. guaiaci, $\mathfrak{z}$ i. Pot. iodid. gr. v., t. d. Full diet.

14th.—Felt slight relief from baths, but not much; complains of head. Ferri. ammon. cit., gr. v. Tr. aconite m. ii. Sp. chloroformi, m. x. Ex. aqua, $\mathfrak{z}$ i, t. d. Emp. lyttæ purti dolente, 3 + 2.

17th.—Felt a good deal of relief after blister. Still continues baths. Bowels costive. R. mist. sine. aconite. Pil. col. co. nocte.

20th.—Feels no relief from bath now.

24th.—Complains of pain very much indeed. Pot. iodid. gr. x, c. mist. $\mathfrak{z}$ i, t. d. Continuous current every day.

28th.—Patient has instant relief when current is applied, but the good effect does not last long.

July 12th.—Is relieved for some time after current has been applied, but the pain returns, and to-day it is very severe. Emp. lyttæ.

14th.—Felt great relief from blister.

27th.—Patient has been galvanized several times since 14th, and for some time after (two or three hours) has felt

no pain, and has been able to stand erect, but the pain returns again, so to-day I tried a galvanic bath, using Faradization; he experienced instant relief, slept well, and felt as if he could run a mile.

17th.—I have given patient ten baths, with a current of Faradization passed through, and these ten have cured the patient. He feels no sciatic pain whatever, and to-day has gone down to a convalescent home.

P.S.—Sciatica is usually cured with the continuous current, and it is against all theory and practice to use Faradization for the complaint, but in this case it shows that Faradization, given by means of a bath, will do good; for, after having had the continuous current for almost five weeks, patient only felt relief for three or four hours, and, as soon as he has the bath with Faradization, in ten days he is able to go out.

General News.

First M.B. London, Honours; Mr. L. Stevenson, 2nd class in Physiology.

UNIVERSITY OF EDINBURGH.—M.B. and M.C. Examinations, Alfred George Barrs. M.B., W. Cameron Morris.

NOTICES.—L.R.C.P. (London) Examination. The following names were accidentally omitted in our last issue: Messrs. Romano and Blackmore, Mr. Sykes. (Medicine only.)

Captain Webb, the great swimmer we have heard so much about lately, is a splendidly-developed man. His chest measurement is 45 inches.

Professor Lussana, of Padua, asserts that glycogen is not a physiological product of the liver. This statement is made on the strength of a series of experiments on various animals, ranging over five years.

MEDICAL APPOINTMENTS.—David Duke, M.R.C.S., Surgeon to the Royal South London Dispensary, Henry Ashby, M.B. Lond, Demonstrator of Anatomy at the Royal Infirmary School of Medicine. Liverpool, vice Harris, resigned.

The Registrar of the Medical Council has recently issued the list of those gentlemen who have registered diplomas within the first six months of the year. The total number of registration is 419, and 164 of these are for one qualification only; of the latter by far the greatest number are members of the College, viz., 101, and the Licentiates of the Hall come next with 25.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—Three vacancies in the Court of Examiners have been created in consequence of the term of office (five years) by which Mr. Hancock, F.R.C.S., Mr. F. Le Gros Clark, F.R.S., and Mr. W. S. Savory, F.R.S., were elected, having expired. The vacancies will be filled at a special council to be held in October next. Mr. Hancock does not seek re-election.

ROYAL COLLEGE OF PHYSICIANS.—On the 19th July, the following resolution was adopted at this College:—"That the Registrar prepare and submit a regulation to the College, 'that students who wish to qualify for the examination for the membership or license of the college may substitute, if they so desire, a three months' course of clinical instruction in the wards of a lunatic asylum for the same period of attendance in the medical wards of a general hospital.'"

Dr. Burq, a French Physician, has published a little work in which he controverts the common idea, that the use of wind instruments is prejudicial to persons affected with pectoral weakness. He says, all the men whose business it is to try the wind instruments before sending them off for sale are, without exception, free from pulmonary affections. I have known many who, on entering this calling, were very delicate, and who, nevertheless, though their duty obliged them to blow for hours together, enjoyed perfect health after a certain time."

The Editors desire thankfully to acknowledge the following donations towards the support of the Gazette:—

J. Cooper Forster, Esq.	£5	0	0
Dr. Moxon	£3	0	0
Dr. Pye-Smith	£3	3	0
Dr. Pavy	£1	1	0
Laidlaw Purves, Esq.	£1	1	0
C. Bader, Esq.	£1	1	0
Clement Lucas, Esq.	£1	1	0

Mr. Spence, in his address on Surgery to the British Medical Association, referred at some length to the question of antiseptic dressing. He quoted the recent assertion of a German surgeon who stated that he was able, after 18 months' experience of the antiseptic treatment, to *guarantee with certainty* the perfectly successful result of his operation, and stated that more numerous and fuller statistics were necessary on the subject. In comparing the results of his own hospital practice he had been struck with the success which attended a very simple procedure. During three years, out of 63 major amputations for disease, there were only three deaths, and out of 23 cases of excision of joints only two fatal results. The treatment consisted in thoroughly washing the surface of the wound with tepid water, and occasionally applying tincture of iodine to the flaps.

The Marquise de Caux, is to return from the continent in September, for the purpose of laying the foundation stone of the Throat Hospital, in Gray's Inn Road. This is on a par with the affair of the Shah and the Skin Disease Hospital. The pretensions of these so-called special hospitals would be ludicrous, were it not that funds were by their means diverted from the right channels. The public should remember this, when they blame our institutions for excluding cases which should be admitted, that sheer want of funds prevents the smaller hospitals from admitting any but the most pressing patients. This is borne out by the fact that in a large institution like Guy's we never hear of those unfortunate instances which have been so unanimously commented upon in the public journals a few weeks ago. Anyone who has the duty of taking in casualties for a week at Guy's, may well understand to what a pinch they must at times be put at the smaller hospitals.

THE MEDICAL SCHOOLS.—The medical schools of the metropolis will be opened on Friday, the 1st October, with the exception of the Westminster, University College, and the London School of Dental Surgery, which will open on Monday, the 4th. Introductory addresses will be delivered at St. Mary's by Dr. John Randall, lecturer on medical jurisprudence; at St. Thomas's, by Dr. Payne; at the Westminster, by Mr. Richard Davy, F.R.C.S., Eng., lecturer on anatomy; at St. George's, by Dr. Barnes, lecturer on midwifery, &c.; at the London by Dr. W. Bathurst Woodman, assistant physician; at the Charing Cross, by Mr. W. Fairlie Clarke, F.R.C.S., Eng.; at King's College, by Professor Curnow, M.D.; at University College, by Professor Corfield, M.D.; at the Middlesex, by Mr. B. Thompson Lowne, F.R.C.S., Eng., lecturer on physiology; at Guy's, by Dr. Thomas Stevenson. At St. Bartholomew's the custom of delivering an introductory address has been abandoned of late years. At the London School of Dental Surgery the session will be opened by the distribution of prizes, at which Sir James Paget, Bart., President of the Royal College of Surgeons, will preside.

NEW INVENTION.—ICELAND MOSS POULTICES.—A specimen of a new Poultice invented by M. Lelievre, a Paris Chemist, and intended to become a substitute for the mashies of bread or linseed meal now in use, has recently been forwarded to us. It is composed of the *Fucus Crispus* or Iceland Moss, and appears to be a very useful addition to the number of our local applications. The Poultice is sold in sheets about the thickness of stout drawing paper, and presents the appearance of a delicate white felt, owing to the surface being slightly woolly. In order to prepare it for use, all that is necessary is to cut a piece of the requisite size and dip it into warm water, when it swells up and forms a soft gelatinous mass, which may be applied in any case where a poultice is indicated, a piece of thin gutta-percha is then secured over it, and the dressing is complete. It has been very favourably reported on by the French Academy of Medicine, and is strongly recommended by M.M. Larry, Gosselin, De Marquet, and others. This Poultice possesses many advantages over those in common use, the dry preparation is so thin and light that a quantity sufficient for an enormous number of Poultices may be stored in a very small space; it may be cut exactly to fit any surface; and it possesses so little tendency to decompose that the same Poultice may be applied for several days in succession. We do not suppose that the *Fucus* Poultice will ever in Hospital practice supplant the old-fashioned Poultices of bread and linseed meal, but for private practice it is certainly the most elegant means yet introduced, of applying warmth and moisture.

Eye Wards.

Mr. Higgins performed the following operations on Monday, the 17th inst. :—

1. Central corneal opacity. Iridectomy performed downwards and inwards.

2. Sloughing ulcer of cornea. Iridectomy performed upwards.

3. This was a very interesting case. The left eye was excised two years ago; there has been constant pain since. Mr. Higgins cut down upon and exposed the supra-orbital nerve, which was then stretched, and removed a small fibrous mass, which proved to be the tendon and pulley of the superior oblique muscle.

4. Sloughing ulcer of cornea. Iridectomy performed upwards.

5. Displacement of retina. Iridectomy performed downwards and outwards.

6. Opacity of cornea. Iridectomy performed outwards.

7. Ectropion. Palpebral aperture enlarged.

8. Traumatic cataract. Previously needled. Lens quite soft; greater part removed through small incision, by aid of curette.

9. Soft cataract. Previously iridectomised. Linear extraction downwards.

10. A case of old corneo-iritis and closed pupils in both eyes. The iris was cut through on each side with knives, and a portion removed with seissors.

11. Closed pupils, after cataract operation. Iridectomy performed outwards.

12. A case of lupus, in which the cicatrix caused ectropion. Margins of lids pared and united, to prevent further distortion.

Mr. Bader performed the following operations on Friday, the 14th inst. :—

1. Cataract—both eyes. Linear extraction, after iridectomy.

2. Cataract—right eye. Linear extraction. Mr. Romano performed iridectomy downwards in left.

3. Cataract—right eye. Linear extraction.

4. Stone; hard eye after iritis, with closed pupil. Sclerotomy performed upwards.

5. Ectropion. Margins of lids pared and united together.

6. Corneal opacities. Iridectomy performed outwards in both eyes.

7. Opacity of cornea. Iridectomy performed inwards in left eye.

Mr. BADER.—August 20th.

1. Hemorrhage into vitreous. T + 3. Iridectomy had been performed previously, but without softening of eye. Sclerotomy.

2. Soft cataract in child. Needled.

3. Senile cataract, both eyes. Linear extraction downwards, without iridectomy, with chloroform. Clear pupil in right eye, some opaque matter in left.

4. Glaucoma, both eyes. T + 3 in right eye, no perception of light; T + 2 in left eye, perception of light. Sclerotomised largely; downwards in one, upwards in other.

5. Corneo-iritis, both eyes, from hereditary syphilis. Closed pupils. Double iridectomy in both. Iris was very soft, as it usually is in these cases and tore easily.

6. Convergent strabismus. Both internal recti divided. Mr. Bader called attention to the thinness of the sclerotic at the insertion of the internal rectus, it being easy to pierce it if much force were used with the hook. He saw this accident happen to an eminent operator.

7. Trichiasis, left eye, both lids. A portion of skin, orbicularis, and cartilage was cut out, and the edges brought together with sutures.

8. Prolapse of iris, after extraction of cataract. Iridectomy inwards; the iris, however, not returning, the vesicle was snipped with the scissors, and the prolapsing portion cut off.

9. Mr. Duke excised a blind and painful eyeball in a woman.

Mr. HIGGINS.—August 23rd.

1. Convergent strabismus, both eyes. Both internal recti divided.

2. Ditto.

3. Commencing cataract. Iridectomy downwards in left eye.

4. Opacity of cornea, from corneo-iritis, both eyes. Double iridectomy in each.

5. Corneal opacity; anterior synechia; eyeball soft. Iridectomy downwards.

6. Glaucoma; eyes were iridectomised previously, but without reducing tension. Iridectomy downwards.

7. Congenital cataract, both eyes, in infant. Pupils dilated with atropine and lens matter broken up with needle.

8. Senile cataract. Iridectomy previous to extraction.

9. Cataract, both eyes. Iridectomy in right; iridectomy and extraction upwards in left. Cataract was large, softish, and sticky, and did not come out easily.

10. Cataract, left eye. Linear extraction upwards, with iridectomy.

11. Mr. Higgins cut down upon the second division of the fifth nerve, where it comes out at the infra-orbital foramen, and stretched it for neuralgia of upper lip and side of face. He had a few days before stretched infra-orbital nerve successfully in some patient.

We are indebted to Messrs. H. Duke and Romano for the above.

Correspondence.

[We do not hold ourselves responsible for the opinions expressed by our Correspondents. We cannot insert any communication unless accompanied by the writer's name and address, not necessarily for publication. Our correspondents will oblige by writing on one side of the paper only.]

TO THE EDITORS.

GENTLEMEN,

The fact that the Society for the Prevention of Vivisection, should advertise a reward of £20, for the discovery of a case for prosecution; and that in a book, just published, and written by an opponent of this branch of physiological research, the author considers it necessary in stating his case of "*A Plea for Mercy*," to ground his claim upon numerous anecdotes touching their sagacity, fidelity, and other amiable characteristics of animals: is to my mind a deplorable proof of how firm a determination there is, both to ignore the true state of the case and to attempt to crush the pioneers in numerous and vast branches of Medical Study, by an appeal

to popular opinion; which is rarely very wise, and always impulsive, and unthinking.

As a lover of animals, and yet one who can see, I will not say the justifiability, but the necessity of Vivisection; I look with pain upon the implied conclusion that the medical profession are wanting, not in a knowledge of their duty to animals, but in those kindly instincts towards the lower creation, which are the natural birthright of man.

I am not inclined to go so far as many, for I do not think actual demonstration is necessary for Students. In this matter, however, the case is grossly misrepresented, for I can distinctly assert having attended Dr. Pavy's Course of Lectures during three sessions, a course, the distinguishing feature of which is, that it is abundantly illustrated in this manner; that I never saw an experiment performed, in which the animal was not thoroughly under the influence of an anæsthetic, and felt no pain, and a fact like this, which I am sure, our readers will bear witness to, coming from a large school like ours, ought to be as widely circulated as are the garbled statements and gross mis-representations of the narrow-minded bigots who take an opposite view of the question; and are determined to support their ideas, honestly if they can, but at all events to support them. I think I am justified in thus openly expressing myself; when I find them, in order to excite popular prejudice, minutely describing physiological experiments in the public journals, and not only of omitting all mention of anæsthetics being used during their performance, but leaving the presumption that they were not employed.

About the justifiability of experiments on living animals for physiological and medical research, I will only say a few words. We know we should have known next to nothing without them. We know that much has been discovered through them, much that will render man's passage through life, a less painful and safer one than it would otherwise have been; and, finally we know that they can be performed without pain to the animal. I will not say more, the conclusion is obvious.

I am, Gentlemen,

Yours faithfully.

NECESSITAS.

TO THE EDITORS.

GENTLEMEN,—A correspondent (Mr. Chambers) in the *Lancet*, of August 21, writing upon the "ether *v.* chloroform" controversy, alleges, as a very strong argument in favour of the former, that he has never known vomiting to occur as a consequence of the inhalation of ether. This anæsthetic was administered on Friday, August 20, to a boy, for an operation about the hip joint; and the patient vomited before he left the theatre.

I am, yours obediently,

A DRESSER.

THE ANNUAL LUNACY REPORT.

The statistics given in the annual reports of the Lunacy Commissioners to the Lord Chancellor contain two very striking elements. The twenty-ninth of these reports extends down to January 1st of the present year. The two points are these:—First, that lunacy is increasing more rapidly than the population; and, secondly, that this increase prevails more especially among the pauper class. The number of "lunatics, idiots, and persons of unsound mind" in England and Wales at the commencement of the present year was 63,793. In 1859, the number was 36,762. Compared with

the entire population the ratio of lunacy has risen during the last seventeen years from 18.67 per 10,000, to 26.64. In 1859 the private lunatics were 49.80, while the last return shows them to be 73.90 an increase, therefore, of 38.39 per cent. But, during the same period, the pauper lunatics have risen from 31,782 to 56,403, or as much as 77.47 per cent. During the range of these seventeen years the insane paupers have increased from 16.14 to 23.55 per 10,000 of the entire population, whereas in the same period the private patients have merely increased from 2.53 to 3.09 per 10,000 of the population.

Another feature of importance is, that an overwhelming proportion of the present inmates of county and borough asylums consists of chronic cases, wherein recovery is not expected. Of the 32,529 patients resident in these asylums in January, last only 2431, or a proportion of 7.47 per cent. were, in the opinions of various medical superintendents of these institutions, curable cases.

The local distribution of insanity is a point on which the lunacy commissioners give some information.

It is impossible not to be struck with the high proportion of lunacy in Middlesex, the lunatics being at the rate of one in every 288 of the population. The actual numbers consist of 8810 pauper lunatics among a population of 2,539,765. If we take Lancashire the population becomes greater, being 2,819,495, but the lunatics become fewer, being 6363, or one in 443. If we take the county which comes third in magnitude, namely, Yorkshire, with a population of 2,436,255, we find the pauper lunatics to be 4257, or at the rate of one in 572. If we take Surrey which comes fourth in magnitude, and which is partly metropolitan, we get a population of 1,091,635, with 2257 pauper lunatics, or one in 335. Kent is another metropolitan county, and has one pauper lunatic in 407, or 2083 out of a population of 848,294,

The Wards.

The following cases were admitted between August 4th and August 11th:—

ADDISON.—4. Cerebral tumour—death. 4. Menorrhagia anæmia. 6. Alcoholismus. 7. Bronchitis—emphysema. 8. Arthritis—syphilis. 9. Phthisis. 13. Cancer base of bladder. 15. Morbus Brightii. 17. Gall-stones.

BRIGHT.—2. Psoriasis—specific. 6. Hemiplegia. 10. Morbus cordis—mitral systolic. 11. Phthisis. 14. Acute rheumatism. 16. Hysterical paraplegia. 21. Acute rheumatism. 23. Cerebral. ?

CLINICAL.—1. Phthisis. 8. Perityphilitis. 12. Idiopathic anæmia. 6. Hæmatemesis cirrhosis. 27. Diabetes. 28. Typhoid fever—perforation—acute peritonitis—death.

PHILIP.—6. Morbus Brightii—morbus cordis. 7. Angina. 18. Morbus cordis—dropsy. 19. Paraplegia. 25. Angular curvature—thrombosis of left femoral vein—lardaceous spleen. 32. Lumbar myalgia. 33. Phthisis. 41. Spinal curvature—phthisis. 43. Bronchitis—emphysema.

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2. An increase in the temperature of the solution increases the absorptive capacity of the skin, and, in fact, the amount of fluid absorbed stands, *in limine*, in direct relation to its temperature.

3. In young animals the skin absorbs better and more quickly than in old animals of the same species.

4. Hair and wool interfere with rapidity of absorption.

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(See STUDENTS' JOURNAL, April 10th, 1875, page 105).

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Guy's Hospital Gazette.

A Students' Journal of Hospital News, Medicine, and Surgery.

VOL. VI.—No. 17.]

SATURDAY, SEPTEMBER 11, 1875.

[TWO PENCE.]

STUDENTS will soon again be unpleasantly reminded how fondly the College of Surgeons sticks to its old-fashioned customs, no matter how inconvenient they may be to the class on which depends their *raison d'être*. We allude to the practice of making them for three or four years come up to Lincoln's Inn twice a year, in order to inscribe their names in a big book, a process termed registration. What the utility of the affair is, we fail to see; we suppose it has its origin in some remote idea that men will come up to commence their studies, if failing to appear by a certain date, they will lose six months of their time. What it really means is, of course, that a student must come up to sign his name, and in these days he may be scores of miles away by the evening. The best and most infallible test, at all events one that would work as well, would be for the Registrar of the Medical Schools to report to the College which of their students are in residence, and this would be done easily by means of the machinery every school has for ascertaining this fact. Another example of clinging to an ancient custom which at one time, no doubt was necessary, is the system of taking fees on the same day as the examination. We have a vivid recollection of this painful process; of going up to the College in a state of worry and anxiety, and in being kept for two or three hours in the midst of a surging crowd attentively listening for our number to be called, and then, after this, for the first College being mercifully allowed an hour's intermission before the advent of the paper; but for the second not being allowed to go away at all. We would suggest that a bad headache makes a wonderful deal of difference in the way a paper is answered, and anything more calculated to attain this end than waiting to pay your money at the

College we cannot imagine. Is there any reason why the same custom should not be inaugurated, which is followed at the London University and elsewhere, where one can go up a fortnight before the event, and quietly go through all preliminaries preparatory to sitting for examination without any trouble at all? We cannot see what objection there can be for this course to be followed, and though it may not matter to those fortunate individuals who are examination proof, and not to be disconcerted by such trifles, yet to a timid, nervous man it may make all the difference between a good paper and a faulty one.

IT is a generally acknowledged fact, that true bony union in transverse fracture of the patella seldom, if ever, occurs. That this result has been accomplished is proved by the specimen in our museum, a description of which will be found in the Guy's Hospital Reports for 1841. Since bony union is impossible, the next object is to diminish, as much as possible, the length of the fibrous tissue uniting the two fragments. To procure this result many plans of treatment have been adopted, and the ingenuity of the dresser has often been taxed in attempts to reduce the fibrous band to a minimum. We propose here to discuss some of these methods. Swelling of the joint always accompanies complete fracture; this is invariably reduced by ice.

Whatever plan of treatment be adopted, the object is to relax the extensor muscles. This is generally done by applying a long, straight, back splint, with a foot-piece. To this the limb is securely fastened by strapping and band-

ages. It remains up for six weeks, when a Bavarian is applied, which is to be worn three months.

The general result of this treatment is satisfactory, provided the limb be kept straight three months after being removed from the splint, otherwise the fibrous band is sure to stretch with the movements of the joint. This general plan has been variously modified. Thus, in some cases,* the lower fragment is fixed by means of a piece of strapping placed over its lower edge, and drawn upward and downward to the splint, when it is fastened, the upper fragment by the same means is approximated to the lower. The objection to this plan is, that the fragments tend to tilt, thus producing an irregular surface. It deals also more with the upper fragment itself than with the muscles of the thigh, which are the cause of the retraction.

Another modification,† and one that has the advantage, without the inconveniences of the preceding, is the following. Before applying the splint the thigh is tightly strapped with plaster, folded and sewn in the centre at an angle, so that in placing the centre at the posterior surface of thigh, with the apex of the angle upwards, and drawing the strapping round, the tendency is to pull the muscles down. After applying the strips, a broad piece of strapping is sewn along each side, and the ends fastened to india-rubber accumulators, which are fixed by the other end to the foot-piece. Thus, constant tension is made upon the upper fragment.

Hodgen's splint has been applied in one case,‡ simply for the sake of rest, and the fragments are closely approximated. Various other methods are used, but the simplest is that where the limb is merely laid upon hard pillows, and held by heavy sand bags; the result here being fair.

In nearly all cases, for a week after the accident, and while effusion remains, the separation is considerable; but in the course of another week the effusion disappears, and the fragments become more nearly approximated, and later on the fibrous band itself seems to contract, narrowing the distance between the fragments.

* Case put up thus in Martha, 4.

† Case put up thus in Cornelius, 12.

‡ Case put up thus in Accident, 5.

o the practice of druggists exercising all the vocation of physicians, as we are confident is done to a larger extent than most people are aware of. It is a common answer to get from an out patient, when questioning about former treatment to hear that they "got some stuff" from a chemist, and we believe to the unlimited confidence of the poorer classes in these men, and the unblushing impudence of the latter, many disorders are traceable. Something ought to be done to check this pernicious practice, but of course all the onus of a prosecution must rest upon one individual, and those who have most reason to complain of it, are unfortunately those who are unable to bear such a burden. We look upon the matter in a higher sense than a pecuniary one, something ought to be done in the interests of humanity, to protect the poor from the tender mercies of men ignorant of the rudiments of the art they essay to practice, and we cannot see a better way to this than by scattering broadcast the fact, that *medicine* forms no more part of the education of a druggist than surgery does of a cutler.

A STUDENT'S NOTES OF

Lectures on Midwifery,

By J. BRAXTON HICKS, M.D., F.R.S.

[INSTRUMENTAL DELIVERY.]

GENTLEMEN,—I have now placed before you the various obstacles which prevent the delivery of the child by the natural forces in head presentation. We have now to consider the means we have at command to overcome them.

Before we do so let us remember the remarks I made to you at the commencement of the subject of difficult labour, the train of symptoms which gradually lead up to the fatal result, inevitable in almost every case where relief is not given. Still, it is necessary to bear in mind, that in a certain number of cases where the relationship between the head and pelvis is not so very bad, nature is capable of overcoming the difficulty by moulding the head even during the life of the foetus, and after its death still more; or, supposing it to be misplaced as in transverse presentations, to which I shall later on allude, then the foetus even living, and still more easily when dead, is compressed and doubled up to such an extent that it ultimately is born. Still, all the while this process is going on, the uterus is in full action and it is our duty closely to watch the state of the patient, lest any of those symptoms arise which I have already told you are the commencement of danger to the mother. Yet, surely, even the most earnest advocate for such interference, cannot quite ignore the life of the foetus; and thus in every case, while attending to the mother's state, we ought also carefully to regard the state of the child; for frequently, from the want of timely aid, though

WE are glad to see that of late the unqualified so-called medical practitioners, have been, if not meeting their deserts, at all events somewhat vigilantly looked after, and thereby been probably prevented from again exercising their calling. The custom of duly-qualified registered men, hiring these so called assistants chiefly for dispensary practice, has been deservedly exposed; but we fail to see any check put

interference be not strictly required by the mother the child's life has been lost. Of course, it cannot be denied but that in the compressing of the child's head by the forceps a certain amount of damage *may* be done to the brain, even to the extinction of its life, but the same must also ensue if the natural forces have to effect the same amount of alteration of shape to enable it to pass. The advantage of artificial delivery in these cases being, that duration of the obstruction to the foetal circulation is lessened, and its effects thus reduced.

The chief causes of death of the foetus in protracted head presentations are: First, partial or complete arrest of the circulation in the uterine sinuses in the placenta, or in the funis. The more continuous the action of the uterus the more completely is the foetus deprived of the arterialization of its blood; but there are secondary effects which are produced by this, and thus: Secondly, we find that when the child is born the trachea and bronchi are filled with the secretions met with during its descent, for it is found that whenever the funis is compressed, an inspiratory effort is produced, and if air cannot enter the mouth then anything which may be present will do so. Besides this, there are ecchymoses of the various internal organs and notably of the lungs, which result from severe interruption of the foetal circulation. Thirdly, the effect of severe compression of the foetal head itself, is the rupture of the longitudinal sinus by penetration of it by the irregular edges of the suture by the overlapping of the edges which, in a moderate degree, is efficient without damage to reduce the opposing diameters. It is difficult to say how much the compression acts detrimentally on the brain tissue, but one cannot but believe, when extreme, it must be of serious consequence, although the pressure on it is not so severe as would appear at first sight, for the head yields in other directions, particularly, as I have already told you, in a direction from front to back. Of course, it is not denied that the forceps may also produce these effects upon the head, but they are certainly produced by natural forces, for in a case to which I was called, the labour being protracted the longitudinal sinus was ruptured, and free effusion of blood resulted, yet no artificial aid had been given. It would be a great help to our knowledge in the cause of still births, if examinations were made more frequently than they are. It is possible that instruments for delivery of the live child may produce more serious results than the natural powers so far as pressure on the head is concerned, but I have no proof either way; and, therefore, at present, we can say that the advantage of artificial delivery is, that it lessens the amount of interruption to the circulation and its effects. It is true that the moulding of the shape of the foetal head, previous to the use of the tractors, lessens the force required to be employed by so much as the moulding has been carried out; and thus renders, in unaccustomed hands, the use of the tractors easier, and this applies particularly to those whose action as tractors is imperfect, as the fillet and the vectis. These principles must be borne in mind in the employment of traction with a view to deliver the child alive in head presentation. Where the head is aftercoming, as in breech presentation, there are some other points requiring consideration to which I shall allude in the proper place. The remarks of course, refer also principally to obstruction arising from the bones, where the head has to yield; coupled with the compression of the soft parts at the points of contact. Where only the soft parts obstruct, although some compression of the head takes place, it is chiefly by stretching of these soft parts that our action takes

effect; in such cases, therefore, a certain amount of openness is pre-supposed, because, if the instruments cannot be inserted, it is clear that great danger of rupture or severe abrasion may ensue, if we endeavour to force them in, especially with such a double instrument as the forceps. It is clear that we must in such cases employ some proper means of dilatation, such as the elastic bags in rigid os uteri, or even careful incision, where, as in cicatrization of the vagina, the tissue is too dense for simple stretching. Where the obstruction in the soft parts is not extreme, then the head itself being drawn down to the seat of the obstacle, acts as a dilator, for which its form is well adapted. By either the use of dilators, or by carefully conducted incisions, it is seldom but that we can overcome the obstruction of the soft parts, especially assisted by chloroform; if not, then we have no help but to diminish the head still further by perforation, craniotomy, and such like proceedings. But I have been surprised at the amount of help we can gain from the dilating bags in rigid, or cicatrized, or malignant cervix; especially, as before observed, if we give chloroform. In one case of closure of the middle third and of the vagina, where the patient was in actual labour, by careful incisions I was enabled to open the passage sufficiently to apply the forceps, and deliver a live child. And, so again, with malignant disease of the os uteri I have many times found that after chloroform has been given the portion most healthy has become so relaxed that an apparently unyielding cervix has allowed the head to pass; also, when the bags have been employed in this kind of case, the os has likewise surprisingly given way. Therefore, judging from my experience, I would advise you not to think of incisions till you have tried the effects of these means. Of course, where the uterus has contracted firmly round the child, the slow, continuous, and gentle traction should be adopted; and it will be generally noticed in such cases that when we cease to draw the head the foetus retreats back with a spring-like movement, as if we had been drawing against an elastic spring. This is so different from the opposition given by bone, especially where the uterus is flaccid.

I have just told you that when bone is the opponent the head has to yield. There is an exception to this in cases of the malacosteon pelvis, where the bones are of the soft variety; these have been known to yield enough to permit the head, assisted by traction, to pass.

Operations.

TUESDAY, AUGUST 31.

Mr. Durham amputated through middle of leg, making anterior and posterior flaps. The patient, aged 22 years, had been operated on twice previously for necrosis about ankle-joint; after the last operation he was able to walk about until three years since, when he began to suffer great pain in the part; this has continued ever since, and for some time now has prevented him following his employment.

The second case was one of disease of the os calcis. Mr. Durham made a crucial incision, turned back flaps, and gouged out some curious bone.

Mr. Bryant removed from the lower lip of a man, aged 40, an epithelioma which had recurred four months after the removal of the primary growth.

The next operation was for carcinoma mammae. The patient, aged 45, first noticed a small lump in her right breast nine or ten months back. This had gone on growing until it had occupied nearly the whole of the breast. The nipple was retracted, and the skin over the tumour brawny. Mr. Bryant removed the breast, with the skin covering it, in the usual way.

Mr. Howse operated for necrosis of the lower jaw in a woman, making an incision along the body, from near the angle to the symphysis. He laid bare some new bone; this he cut away, exposing the necrosed portion, which he removed. The dead bone extended along the body, and up into the ramus.—On the 3rd inst., Mr. Howse attempted to reduce an unreduced subcoracoid dislocation of R. humerus of one month's standing. With patient under chloroform, Mr. Howse attempted to violently break down the adhesions, and in doing so, fractured the humerus, probably at the surgical neck. Attempts were afterwards made to reduce it with the heel in the axilla, but without success. The lower fragment slipped up somewhat, in the normal position of the humerus, whilst the head remained fixed in its subcoracoid position. The arm was bandaged to the side. Mr. Howse thought that the lower fragment would, in time, form a fresh joint, whilst the head remaining in its subcoracoid position would be absorbed.—On third inst., in Dorcas Ward, Mr. Howse removed the head and about half the shaft of fourth metatarsal bone of left foot in a girl, aged 13, for necrosis. There was a cavity nearly half an inch long in the bone, and in it a small sequestrum. The head of the bone was also in a fatty condition. The operation was performed antiseptically.—On the third inst., Mr. House operated on a man, aged 40, for supposed syphilitic necrosis of the supr. maxillae. He drew down through the mouth, necrosed bone extending from the r. lateral incisor to first bicuspid tooth on the left, the left turbinated bone with inner wall of left antrum and a greater part of the septum nasi. The right turbinated bone was left intact.—On the 6th inst., Mr. Howse operated for strangulated inguinal hernia, which had been down 48 hours, in a man, æt. 26. There was a large scrotal hernia, with a constriction about the position of the extnl. abdominal ring. The sac was opened, and some fluid escaped. There were about two feet of intestine in it, which was inflamed. In attempting to return the bowel, the peritoneal coat ruptured transversely for three-fourths of an inch. The edges were united by a single catgut suture and the intestine returned to the abdominal cavity. The constriction was at the external abdominal ring.—In the evening, Mr. Howse operated on a man, æt. 27, for compound comminuted fracture of left tibia. The amputation was performed through the thigh, close above the condyles. Long antr. and a short post skin flaps were made, and afterwards united with catgut sutures. The operation was performed antiseptically.

WEDNESDAY, SEPTEMBER 1ST.

Mr. Bryant operated for deformity of the mouth, resulting from sloughing of the left cheek in early childhood, so that left angle of the mouth was drawn up into the left nostril. The operation was performed by first separating the left side of upper lip from the gums, to which it had become adherent. A transverse incision was next made below the nose to left angle of mouth, thus freeing the left side of upper lip. A

V-shaped flap was then made from the left cheek, the apex of which was brought up between the nose and the loosened upper lip, and fastened with fine silk sutures. The left side of the lower lip was next brought up to the lower part of the V-shaped flap, and also secured by means of sutures. The case has done well.

FRIDAY, SEPTEMBER 3RD.

Mr. Bryant performed colotomy in the left loin in a man aged 44, for stricture of the rectum, due to malignant disease of nine months' standing.

Mr. Davies-Colley performed perineal section on a man suffering from retention of urine, and having a large abscess in the perinæum; this was increasing in size, so that extravasation was feared. A catheter could not be passed, nor a sound introduced into the bladder. After laying open the urethra a catheter (No. 10) was passed into the bladder and held in. The man is doing well.

Mr. Colley then excised the right hip-joint for long-standing disease, making use of a method not usually adopted. A straight incision was made over the trochanter major, and the structures attached to the neck and about the trochanter were separated by keeping close to the bone. This being done, a hernia director was passed beneath the neck, and the bone sawn through below the trochanter major, on to the director, thus avoiding as much as possible, injury to soft parts. The head being thus separated, was by a little further use of the knife, easily removed. The limb throughout the operation was never moved from the straight position. The disturbance to soft parts, necessary in the old method, where leverage is employed, was here avoided. The amount of blood lost was also very trifling. The operation was done under spray and the wound dressed with gauze. The acetabulum was chiefly diseased, the cartilage of the head was eroded, and the ligamentum teres destroyed. The child (aged 9), since the operation, has been doing well, though there is still slight hectic, which had existed before.

TEREBENE.

Some weeks ago we mentioned that a new antiseptic, having the above name, had been introduced for trial into his wards by Mr. Bryant. Since that time this substance has been pretty fairly tested in various ways by his dressers, and with very satisfactory results, some of which we propose to give, as we are confident that in it we have a material which ought to be better known. It is an oily liquid, insoluble in, and floating on, water, but miscible with oil in any proportion. It was first used as an antiseptic pure and simple for checking bad odours, and in this it proved very satisfactory; it has a smell of itself which is far from unpleasant, resembling that of pine wood. Mr. Bryant, however, soon applied it to the dressing of wounds, and in this respect its action seems most valuable, for in the cases in which it has been tried it immediately set up new action; old indolent ulcers become vascular, red, and granulating, and, indeed, the vascularity in one case was so great that hæmorrhage resulted.

The following are a few details of some of the cases in which terebene has been tried:—

CASE 1. (Lydia 17.)—A girl, aged 15, had two large ulcers on the inner side of the left leg, the surface of the larger one deeply eroded, sloughy, non-granulating; the edges

raised. The sore was inflamed, and very tender. The smaller ulcers had similar characters. The discharge was very purulent. The ulcers were dressed with terebene, and at the second or third application, the sloughs had disappeared, the surface was deep red, granulating, and even hemorrhage had taken place, and the discharge no longer smelt badly.

CASE 2. (Lydia 7.)—A woman who had had her arm amputated. There was some separation of the flaps, and the granulating surface left was flabby and weak. Terebene was applied for two or three days, with the effect of setting up healthy action, and rendering the surface of the wound a healing one.

CASE 3. (Job 4.)—A man with a large granulating surface on the inner side of left thigh, the result of a lacerated wound. Terebene was applied, with the result of quickening the healing process.

CASE 4. (Job 19.)—A man admitted with an indolent ulcer over the fore-part of the lower end of the right leg. The surface pale, without granulations, the margins raised. At the second application of the terebene, a patch of granulations had appeared, and on the fifth day the surface was deep red, covered with granulations, with a red, healing margin.

CASE 5. (Job 21.)—The first case in which it was used. A large ulcer on a stump, caused by the chafing of a badly-fitting artificial leg. The surface, indolent, sloughing; with foul-smelling discharge. Terebene was used, with the effect of discharging the smell, rendering the surface red, healthy, and granulating, and setting up rapidly healing action.

CASE 6.—This substance was tried by another dresser in a case of a sloughing wound at the outer angle of the orbit. The skin for some little distance was undermined with slough. The dresser was in the habit of pulling off the slough with forceps and scissors, but was unable by doing so to have a clean granulating surface. He injected some terebene under the skin, and at the next dressing a large slough was easily pulled away, leaving a healthy surface covered with granulations.

CONCLUSIONS FROM THE STUDY OF FOUR HUNDRED AND FIFTEEN CASES OF TETANUS.—DR. D. W. Yandell (*American Practitioner*) reaches the following conclusions from the study of four hundred and fifteen cases of tetanus :—

(1) Tetanus occurs in males in the proportion of four to one, and tends to recovery oftenest in females.

(2) It is most fatal in persons under ten years of age—is least fatal between ten and twenty.

(3) Traumatic tetanus usually supervenes between four and nine days after the injury, and these cases represent the largest mortality.

(4) Recoveries have been usual in cases in which the disease occurs subsequent to nine days after the injury.

(5) When the symptoms last fourteen days, recovery is the rule and death the exception—*apparently independent of treatment*.

(6) Tetanus appearing in the puerperal state is most fatal.

(7) Chloroform up to this time has yielded the largest percentage of cures.

General News.

PALPITATION of the heart, when not depending on organic disease, may be almost immediately arrested by bending the head downwards, and allowing the arms to hang down. The effect is still more rapid by holding the breath for a few seconds while the body is in the bent position.

PROFESSOR M. LANGENBECK has lately removed the larynx from a man for cancer. Twenty two muscles were divided and forty-one arteries ligatured, including both external carotids. This operation has been performed four times; and in one case an artificial larynx was adopted, the patient being able to articulate distinctly.

DR. MOUAT read a paper at the British Association meeting at Bristol, on "The Value of European Life in India," in which he stated that the death rate has decreased in the present century from 60 to 15 or 16 per 1,000, the decrement being still in steady progress. His figures also showed that affections of the digestive organs replace in frequency the chest affections of this country. It seems that men of prudent habits may enjoy good health and long life in India. Brandy appears to be the European chief enemy, and if this be the case there is some truth in the statement that the Indian complaints are sent out "bottled" from England.

THE new splint for fractured thigh, generally called Nathan Smith's but properly Hodgen's, is having an extensive trial in our wards.

It has already been applied in 13 cases; of these two have died from other causes (one with two splints on).

Five are in course of treatment.

Five have been taken down, after an average time of six weeks. The following is the result :—

In three cases (two men, one boy) there was *no* shortening.

In one case (fracture into knee joint) one inch shortening.

In one case, rather less than half-an-inch shortening.

Besides the admirable method of extension, this splint has the following advantages :—

The patient is very comfortable during treatment. The bed-pan can be used with little inconvenience, and without pain to the patient. He can sit up without pain, and apparently without interfering with the process of union. In cases where there are wounds accompanying the fracture, the arrangement of the supporting strips of linen afford great facility for dressing, without shifting the position of the limb. The splint is cheap, and could easily be made by any practical iron-worker.

MEDICAL APPOINTMENT.—Henry Evans, L.R.C.P.L., M.R.C.S.E., House Surgeon to the Croydon General Infirmary.

Marriages.

On Sept. 2nd, at St. Mary Abbott's, Kensington, by the Rev. J. P. Golding-Bird, B.A., brother of the bridegroom, C. H. Golding-Bird, M.B., F.R.C.S.E., Assistant Surgeon Guy's Hospital, to Florence Marion, eldest daughter of John Baber, M.D., of Thurloe-square, South Kensington.

On August 24th, at St. John the Baptist, Isleworth, by the Rev. Dr. Tandy, assisted by the Rev. J. Yarker, vicar, Edmund Frederick Thomas, M.R.C.S. Eng., L.R.C.P. of Shepperton, Middlesex, youngest son of the late Francis Henry Thomas, Esq., of Hereford, J.P. and D.L. for that county, to Jane, youngest daughter of the late Charles Young, Esq., of Newington, Surrey.

Surgical Wards.

FRACTURE OF BOTH THIGHS—TETANUS—DEATH.

UNDER THE CARE OF MR. COOPER FORSTER.

W. M., aged 11, admitted into Cornelius, August 11, 1875, with fracture of both thighs, and great laceration about left knee, and discoloration of the skin in front of thigh. On the Monday previous a cart, which, with its load, weighed about five tons, passed over his thighs.

The new wire splint was applied to both thighs, and the boy was at once made comfortable.

Sloughing of the skin of left thigh followed, and though the wound extended under the thigh it was easily dressed by removing one of the pieces of bandage at a time, dressing the part exposed, and afterwards replacing this piece, removing the next, and so on.

He did well till the 16th, when he became very restless, not sleeping much in the night.

Aug. 17th.—11 a.m.—Complained that throat felt sore, and neck stiff.

12 p.m.—T. 100.8. P. 96.

1 p.m.—On attempting to eat a piece of meat he was unable to chew it, and it had to be removed from his mouth, when it was noticed that he could not open his mouth to the full extent.

5 p.m.—Mouth more closed—sternum-mastoids rigid—head thrown back—face has a fixed expression, the teeth being closed, back slightly arched.

7 p.m.—Marked opisthotonos, unable to take anything but liquids.

11.30 p.m.—T. 100.4. P. 112. Risus sardonicus. Frequent spasms, with opisthotonos.

Aug. 18th.—2 a.m.—T. 100.4. P. 112. is much quicker at intervals. Has been taking calabar bean, $\frac{1}{4}$ grain of extract every hour, as well as hypodermic injections of morphia. He seems quieter, spasms are not so frequent.

1 p.m.—T. 100.8. P. 104.

4.45 p.m.—P. 101.6. P. 124, increasing rapidly during a spasm, and subsiding on its passing off. The slightest touch produces a spasm. Arms fixed across the chest. Opisthotonos severe, and pain great.

7.30 p.m.—T. 104.5. P. 125. Is unable to swallow; a teaspoonful of any liquid producing a spasm in the larynx, followed by the ejection of frothy sputa, which is squeezed out between the closely set teeth and lips. Is quite sensible, never speaks except when spoken to.

10 p.m.—T. 105.1. P. 132. Morphia, gr. 1-3rd sub. cute. The spasms were very severe, but in half-an-hour after the morphia they were much reduced in frequency and intensity.

11.30 p.m.—T. 104.6. P. 150. Morphia, gr. $\frac{1}{4}$.

Aug. 19th.—2 a.m.—T. 105.4. P. 150. Morphia, gr. $\frac{1}{4}$.

About 3 a.m. the spasms again increased; he became much exhausted, and died at 4 a.m.

Autopsy eleven hours after death.

Muscles generally relaxed, the arms being a little stiff. Heart firmly contracted, there being no blood in left ventricle, whose cavity was tightly closed. Neither fracture was

compound. The laceration in left thigh, as well as the gangrene were superficial. A long speculum of bone projected from posterior surface of the upper fragment on left side, but could not be found to penetrate the nerve. The fragments on the right side were in accurate apposition, the fracture being transverse, and about the middle of the bone.

Tetanus commenced on the eighth day after the injury, and proved fatal in 41 hours. The calabar bean had to be discontinued, as he was unable to swallow. Many more hypodermics were given than are reported; at times he had gr. 1-3rd of morphia for three consecutive hours, without doing more than quieting the spasms.

Another case of tetanus occurred at the same time, and it has been before observed that this disease is most frequent during hot weather, and is more liable to occur in healthy country lads, as in the case above. It would be difficult to say whether the disease was the result of the fracture or the lacerated wound, most probably the latter.

Eye Wards.

Mr. Bader performed the following operations on Friday, the 27th ult.:—

1. Opaque capsule torn through with needles.
2. Closed pupils. Iridectomy performed downwards and outwards in the left eye. Mr. Romano performed iridectomy downwards in the right eye.
3. Convergent strabismus. Internal recti divided in both eyes.
4. Convergent strabismus and corneal opacity. Internal rectus divided in left eye.
5. Convergent strabismus of left eye. Internal rectus divided.
6. Convergent strabismus. Internal rectus divided in left. This case was very interesting in illustrating the value of the nitrite of amyl to recover patients in whom the dangerous properties of chloroform have manifested themselves, as by the use of this substance the girl's life was probably saved. The child was placed on the table, and from the first resisted the administration of the chloroform mixture, which anæsthetic was used. After Mr. Bader had finished his operation on the left eye, and commenced to operate on the right, the administration of the mixture having been stopped, the child's lips were observed to get very pale, her pulse became very small and feeble, and her respirations almost ceased; a few drops of the nitrite of amyl were poured on a piece of lint, and held to the child's nose and kept there for some minutes, the pulse soon became stronger, the lips assumed their normal colour, and the respirations stronger; the amyl was still kept to the nose till the child vomited freely, and then soon after, when it appeared to have revived, she was removed and placed under the charge of one of the patients, who neglected his duty, as on visiting the child a few minutes later she was found to be perfectly white, and her pulse and respirations were hardly perceptible. The amyl was again used, and under its influence the lips, as before, regained their colour, and the respirations and pulse improved, and from thence the child soon regained its usual appearance.

7. Corneal opacity—right eye. Iridectomy performed upwards.

8. Corneal opacities. Iris adherent. Divided with scissors.

9. Cataract—left eye. Mr. Duke removed by linear extraction downwards.

We are indebted to Messrs. H. Duke and Romano for the above reports.

The Wards.

MEDICAL.

MARY.—14. Dyspepsia. 19. Acute rheumatism. 20. Morbus Cordis. 23. Hemiplegia (right) (?)—specific. 24. Hemiplegia (?)—hysteria.

ADDISON.—23. Peliosis rheumatica. 22. Eczema. 29. Dyspepsia. 36. Injury to arm.—Neurosis. 39. Tonsillitis.

STEPHEN.—1. Phthisis. 2. Syphilis. 18. Phthisis—bronchitis—albuminuria. 25. Phthisis. 28. Albuminuria. 29. Sub-acute rheumatism. 36. Ague (?). 37. Phthisis. 38. Sub-acute rheumatism. 39. Sub-acute rheumatism. 41. Chronic Bright's disease (?) 44. Diabetes. 45. Albuminuria—pleurisy. 50. Phthisis.

CLINICAL.—1. Tubercular peritonitis. 3. Empyæma. 4. Purpura. 20. Malignant tumour of liver. 32. Diphtheria (?)

PHILIP.—13. Obstruction of left Vena Cava. 16. Stomatitis and chronic diarrhoea. 19. Erysipelas. 21. Hæmatemesis, after corrosive poisoning. 22. Acute rheumatism. 25. Progressive muscular atrophy. 29. Right hemiplegia—Aphasia (specific). 34. Hip-joint disease. 37. Right hemiplegia—Aphasia—cerebral hæmorrhage—death. 41. Morbus Cordis—Mitral regurgitation. 48. Hepatic ascites. 50. Aneurism of ascending aorta.

BRIGHT.—4. Phthisis. 12. Neurosis and adeps.

ADDISON.—4. Phthisis. 11. Sciatica. 14. Hysteria.

SURGICAL.

ACCIDENT.—4. Fractured fibula. 31. Crushed leg—amputation. 22. Fractured extracapsular femur. 18. Fractured fibula. 8. Fractured intracapsular femur. 9. Fractured fibula. 7. Crushed leg—amputation. 25. Lacerated wound over elbow. 32. Fractured tibia and fibula—fractured ulna.

CHARITY.—2. Housemaid's knee. 16. Gumma of calf. 21. Specific ulcer over eyebrow.

DORCAS.—3. Depressed fracture of skull—abrasion. 7. Neurosis of metatarsal bone. 12. Foreign body throat. 20. Diseased knee joint. 23. Old dislocation of shoulder.

LUKE.—7. Ulcer of leg. Perineal section—abscess. 3. Suppuration of palm. 18. Ulcer over external malleolus. 21. Enchondroma of finger.

NAAMAN.—6. Dead bone in toe—amputation. 7. Strangulated hernia—death. Hip disease. 8. Hæmorrhoids. 9. Stricture. 15. Strang. hernia—operation. 17. Ulcer of leg. 18. Synovitis of knee.

LYDIA.—6. Suppurating bursa patellæ. 14. Ulcer of leg (specific). 18. Sup. bursa patellæ. 21. Ulcer of leg.

JOB.—5. Lumbar abscess—Ostitis of right iliac bone. 9. Necrosis of femur. 20. Ulcer of leg.

LAZARUS.—8. Old disease of elbow. 18. Talipes—Equinus—varus.

PASS LISTS.

The following gentlemen have recently been successful at the under-mentioned examinations:—

UNIVERSITY OF LONDON.—First B. Sc. and Preliminary M. B. (conjointly).

CHEMISTRY.—3rd Class.—M. B. Hinton.

ZOOLOGY.—2nd Class.—Edward Penny. 3rd Class.—George H. Russell, W. H. White.

EXPERIMENTAL PHYSICS.—1st Class—L. C. Wooldridge (Arnott Exhibition and Medal.)

BOTANY.—2nd Class.—L. C. Wooldridge, G. H. Russell, A. M. Turner.

NOTICE.—UNIVERSITY OF LONDON.—Second M. B. Examination.—Candidates for this examination are requested to leave their schedules in the Medical School office, at an early date, in any case not later than October 1st.

Guy's Hospital, August 30, 1875.

Cricket.

AVERAGES OF THE SEASON.

	Matches, Innings.				Not out.		Runs.	Average.	
W. Gray, junr.	7	...	11	...	3	...	255	...	31.7
R. J. Bryden	3	...	4	...	3	...	22	...	22
H. Hetley	7	...	10	...	0	...	202	...	20.2
E. S. Robson	2	...	3	...	1	...	41	...	20.1
P. E. Wallis	6	...	9	...	2	...	102	...	14.4
V. Chapman	7	...	10	...	0	...	119	...	11.9
E. Amphlett	3	...	4	...	0	...	44	...	11
R. S. Taylor	6	...	7	...	1	...	59	...	9.5
J. H. Earle	2	...	3	...	0	...	22	...	7.1
A. Howell	3	...	4	...	0	...	22	...	5.2
R. Steele ..	2	...	4	...	0	...	21	...	5.1
G. E. Palmer	2	...	3	...	0	...	14	...	4.2
J. Reader	3	...	5	...	1	...	15	...	3.3
C. Everest	4	...	6	...	0	...	9	...	1.3

S. BOUGHTON, Hon. Sec. pro. tem

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(See STUDENTS' JOURNAL, April 10th, 1875, page 105).

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A Students' Journal of Hospital News, Medicine, and Surgery.

VOL. VI.—No. 18.]

SATURDAY, SEPTEMBER 25, 1875.

[TWO PENCE.]

THE copy now in the hands of our readers being the last we shall issue before the Session of 1875-76 opens upon us, we purpose to say a few words with respect to the position of the "Guy's Gazette." The Presidents of the Physical Society have now had the conduct of the Journal for a year, and though we are painfully aware that many deficiencies and faults have been apparent, yet we trust that we have in this time been productive of some little good. In a large Hospital like ours, both in the Medical and Surgical practice, there are many things learnt, many facts elucidated, many little appliances introduced, matters not suitable for a paper for the Physical Society, and not within the scope of the Reports, but which are, and must of necessity be, consigned to oblivion, save for the few under whose immediate observation they fall. In making some of these matters known in so far as they have been made known to us, we trust we have been of use; we always have and shall be glad to publish anything of the sort. We have made point of putting those of our friends who have been reporters on both sides of the Hospital, on the *qui vive* for cases of interest, and we have thus been enabled in many instances of presenting such to our readers, and if we have failed in this respect, it has not been of our own seeking, for if there are any who think that we have not paid enough attention to this department we tell them that the remedy is in their own hands, for we have always been glad to receive and publish cases which we thought instructive and of interest. But further, through the kindness of our Physicians and Surgeons, we have been able to furnish our readers in many instances with the valuable remarks with which they have supplied us, and when we have thus been able to point the moral we are confident that these reports

are of paramount value. We have published this Session a valuable course of lectures by Dr. BRAXTON HICKS, which are the more valuable from the fact that none such are anywhere else in print, from the pen of our distinguished obstetrician. Dr. PYE SMITH, has also kindly furnished us with his "Demonstrations of Histology." We trust to keep this a prominent feature of the Gazette, and hope to be able to furnish our readers with other courses of lectures as time goes on. Taking notes is essential to the most diligent attendant at lectures, but we think there are few, who can take notes as fully as we are able to publish them, and which have the especial advantage of being corrected by their respective authors.

We publish every week a list of the admissions into the Hospital. We cannot but think that this must be of great use as a sign-post to direct students where they may see a case they may wish to study. A simple reference to our pages will enable them to go straight to the bed without further enquiry.

In conclusion all we can say is that we have done our best to be useful, if we have failed it has not been our fault, but we hope our fellow-students will point out to us in what respect improvement may be made, and will co-operate with us in maintaining the "Guy's Hospital Gazette" as an institution of our school.

OUR readers will regret to hear that the Treasurer of the Hospital, though a good deal better, will not be able to attend the Introductory on the first proximo. His place will be filled by the President, the Right Honourable Lord Lawrence, who will deliver the Medals and Certificates after the lecture.

Operations.

SEPTEMBER 9th.

Mr. Lucas operated for extravasation of urine in a man, aged 53, who had been the subject of stricture for the last 24 years. The operation performed was that known as Mr. Cock's; a large abscess, containing pus and urine, was cut into before the urethra was reached, a catheter was introduced into the bladder and fastened in.

Mr. Davies-Colley operated for the relief of strangulated femoral hernia in a woman. Strangulation had existed three days. The sac was opened, and a knuckle of bowel returned. The two surfaces of the sac were included in the sutures. Operation under spray. Patient has done well, there being no suppuration at all.

Mr. Coley (Mr. Forster's dresser) amputated the left index finger for enchondroma of the first and second phalanges. Before removing the Esmarch the dressings were applied, and held by a tight bandage. Circulation was not interfered with. The wound was not dressed for three days, and was then looking well. Operation under spray. The tumour (which had been coming seven years) grew from the centre of the bone.

SEPTEMBER 10th.

Mr. Lucas performed excision of the hip for morbus coxae in a boy, aged 6. The wound was dressed with terebene.

Mr. Howse excised the left knee joint of a woman aged 46, for chronic osteo-arthritis and polypoid growths of 4 years' standing. On cutting into the joint a quantity of sero pus escaped and on the under surface of the patella, which was removed, was a patch of cartilage in the centre only, whilst around this was fibrous tissue. The internal condyle of femur was caseous, and the external full of polypoid growths, which, under the microscope, turned out to be hydatids. Both condyles were removed, but a larger piece of bone was taken away from the outer side than from the inner. Both tuberosities of the tibia were caseous, the inner more so. The operation, as well as the after dressings, was performed antiseptically, and the patient is doing well.

SEPTEMBER 14th.

Mr. Lucas operated for necrosis of the femur in a lad, aged 19, and removed one large and several small pieces of dead bone. Nearly four years ago he received a blow on the thigh, just above the knee; a month later an abscess formed, which was opened. Last January he was in this hospital for necrosis, when Mr. Bryant removed some dead bone, since then three or four small pieces of bone have come away with the discharge, the wound having broken open again; when re-admitted there was considerable thickening of the part, and three or four sinuses lead down to dead bone. After the operation the wound was dressed with lint soaked in terebene.

SEPTEMBER 17th.

Mr. Lucas excised a vascular growth from the cheek of a man, aged 30. Five years ago he first noticed a red spot on the left cheek, which for the last 12 months has been gradually increasing. The swelling, situated below the outer angle of the left orbit, was not well defined, one and a

half inches in diameter, red, vascular, and connected with the skin, it was soft, and could be partially emptied of blood, a large artery could be felt pulsating beneath the growth. There was a good deal of hæmorrhage during the operation, and several small vessels had to be twisted.

Mr. Davies-Colley excised the head of the right femur for long-standing disease in a girl, aged 13. The operation was performed, as described in the "Gazette," of September 11th. There was a roundish sequestrum in the neck, and the head was also eroded, the acetabulum seemed fairly healthy. Since the operation the child's temperature has remained normal. She has a good appetite, and is in no pain.

Mr. Colley then performed a plastic operation for a new eyelid.

SEPTEMBER 20th.

Mr. Howse excised the left knee joint of a girl, æt. 9, for pulpy disease of three years' standing.

On admission, the leg was fixed immovably, at an angle of 120 with the thigh, dislocated backwards, and rotated outwards; extension was made in order to straighten it, with good result. On cutting into the joint, it was seen that the articular cartilages had disorganised and become absorbed from the articular surface of the bones. The patella was removed. The condyles of the femur were ill-developed, and the disease had extended nearly down to the shaft of the tibia, at its posterior part. In the front part of the head was a large cavity, extending down nearly $1\frac{1}{4}$ inch, triangular in shape, with the apex down, containing a large sequestrum, which was removed. A quantity of pus escaped from the back of the joint. The operation was performed antiseptically, and the leg fixed in an excision splint.

Mr. Howse operated on a circumscribed ganglion situated on the posterior surface of the wrist joint. After incising it, he plugged it with antiseptic gauze soaked in carbolic oil. The operation was performed under the spray; chloroform was not administered.

SEPTEMBER 21st.

Mr. Davies-Colley amputated at the left hip-joint for recurring carcinoma of the thigh in a man, aged 55. Lateral flaps were made by cutting from within outwards, so that the line of incision extended from the tuber ischii to Ponpart's ligament in front. This is found necessary in antiseptic dressings (on account of proximity of anus). The aorta was compressed by a weight, and the vessels held in the inner flap. There was one gush of blood on dividing the arteries, but little subsequent bleeding. All the vessels were ligatured with catgut. The patient rallied well, and had a good pulse.

Mr. Colley then operated on a man for relief of neuralgia. An incision, $1\frac{1}{2}$ inches long, was made down to the bone of the lower jaw below the last molar tooth. A trephine was then applied, and the dental canal exposed, showing the nerve in situ. The portion of nerve exposed was then removed, being about half-an-inch in length. In a previous operation elsewhere, the patient (a medical man) had the inferior dental nerve stretched, as it emerges from the mental foramen, and a hot wire passed up the canal.

Mr. Colley then excised a bursa patellæ. The wall was thick, and the contents of a claret colour.

CASE OF REMOVAL OF BONE FOR COMPRESSION.

On Friday, September 13th a child, aged $4\frac{1}{2}$ years, was brought in suffering from compression of the brain, having fallen from a height (about 23 feet) on to her head. The child was picked up insensible and brought here three-quarters of an hour after the injury. On admission, the child was quite insensible. There was a compound fracture over right parietal bone. The fracture extended forwards and downwards, one fragment riding over the other. There was left hemiplegia, both pupils widely dilated, insensible to light; breathing stertorous, teeth firmly clenched; had had some vomiting. Mr. Howse made a crucial incision over the fracture, and with the bone forceps chipped away several small pieces of bone; then removed a piece of loose bone of about $1\frac{1}{2}$ inches long, and $\frac{1}{2}$ inch wide. The dura mater was not injured. Soon after the removal of the bone, the child moved its left arm and leg, the pupils became less dilated, and the child commenced crying. Her teeth were still firmly clenched. Vomiting continued during the night. The child was more or less insensible for the next three days, being always asleep, and, when awake, her pupils were fixed and still considerably dilated. Since the 7th, the child has shown signs of improvement, and is now slightly conscious, and takes food fairly well.

This operation was done antiseptically.

CASE OF STRANGULATED INTRAMURAL HERNIA.

On Thursday evening, September 2nd, a man, aged 70 was brought in, suffering from strangulated hernia, having had symptoms of strangulation for the last 48 hours. Had never had a rupture before. On Tuesday evening, August 31st, patient was carrying a sack of potatoes, when he says he felt something give way in the lower part of the abdomen. Vomiting came on almost immediately, and continued until admission. On the last occasion of vomiting, the vomit was somewhat fecal. On admission, there was considerable swelling along the inguinal canal, not extending down to the scrotum. The patient being very fat, it was somewhat difficult to diagnose the nature of the hernia. Patient being under chloroform, taxis was used, but without result. Mr. Howse then proceeded to operate, the usual incision being made on cutting through the skin and adipose tissue, and tendon of external oblique muscle. The sac of the hernia immediately protruded. On opening this, some very fetid bloody serum exuded, the sac was very large, and extended some distance up the abdominal parietis. There was some difficulty, owing to the large amount of gut protruding. Patient subsequently died rather suddenly. He was passing water when he suddenly vomited a large quantity of very fetid matter, and expired. On p. m. examination the hernia was found to lay between the two oblique muscles. The gut was strangulated in two places.

Surgical Wards.

CYSTIC TUMOUR AT BASE OF TONGUE.

UNDER THE CARE OF MR. BRYANT.

F. C., æt. 18, was admitted July 21, 1875, into Lydia (1). The mother stated that the girl had had some pecu-

liarity in her speech for many years, and she had fancied that her tongue was too large. For the last seven or eight years this had increased. The girl had also some difficulty in swallowing, but more with fluids than solids. She had often examined the tongue, but was unable to detect anything, until she noticed the present swelling four or five months ago. This has slowly and gradually increased. Ten days before admission the girl had had a considerable amount of bleeding from the mouth, and she fancied from the tumour, and three or four days after that she spat out a thick dirty-looking fluid.

On admission.—There is a rounded, tense, elastic, somewhat bluish-white tumour at the base of the tongue, which reaches as far forward as the circumvallate papillæ, and backwards to the epiglottis. It is covered with smooth mucous membrane, and traversed by large and distended blood-vessels. The patient was kept until the 25th of August, and the tumour did not present any difference during this time. On that date Mr. Bryant cut into the tumour transversely, and the incision was followed by a gush of blood and no clear fluid. The walls of the cyst proved to be very thick, and its extent was very considerable; the finger could be introduced into it as far as the hyoid bone. No pieces of solid tumour were discoverable in the blood. The cyst was plugged with lint. The tumour has been plugged daily up to the present time. There is a very offensive discharge from the cyst. That the walls have somewhat collapsed is indicated by a depression in front of the tumour. The mouth of the cyst is gaping widely, and the interior granulating. The case is still in Lydia, No. 1.

General News.

APOTHECARIES' HALL.—Mr. Herbert Duke, M.R.C.S., has lately been successful at the final examination for the diploma.

THE Presidents of the Physical Society desire to acknowledge, with thanks, a contribution of £2 2s. from Dr. Wilks, towards the Support of the "Gazette."

DR. ROSS, Medical Officer of Health for the St. Giles' District, has strongly insisted, in his last report, upon the healthy influence of sweet-smelling plants. This he attributes to their power of developing ozone.

MR. HENRY SMITH has communicated to the *Lancet* the following results of an examination of Captain Webb:—Height, 5 ft. 8 in.; weight, $14\frac{1}{2}$ stone; circumference of chest, on a level with nipples, $41\frac{1}{2}$ in.; of waist, three inches above umbilicus, $35\frac{1}{2}$ in.; of arm, three inches above the elbow, $13\frac{1}{2}$ in.; of forearm, two inches below, $11\frac{1}{2}$ in.

At the late meeting of the British Association, at Bristol, the report of the Committee appointed to investigate the conditions of intestinal secretions was presented by Drs. Brunton and Pye Smith. The experiments show that neither the splanchnic nerve, the pneumogastric nerve, the sympathetic above the diaphragm, nor the spinal cord have any influence on the intestinal secretions. The probable influence upon it of the solar plexus included, but was not confined to, the semi-lunar ganglion.

THE expenses of Hospital Saturday have been £900, against £1,800 of last year. The amount collected up to Sept. 8 was £4,700, and further sums, at the utmost £1,000, were expected. The *Echo*, in concluding an article on the subject, writes thus:—

"The whole of the controversy, then, on this subject, resolves itself into this—Does the second year's experience of the Hospital Saturday Council warrant us in believing that in the future it will be instrumental in collecting subscriptions which, in the aggregate, will be a genuine representation of the vast population of the metropolis? The first year's efforts of the Council were necessarily of a tentative character; but what can be said of the second, when as yet the subscriptions do not equal in amount those of its predecessor? We must again repeat that we do not for a moment treat this question as one affecting individuals; we regard it from the broad basis of the public good; and we think we have shown good grounds for our conviction that Hospital Saturday will never achieve the success which we, in common with the public, ardently desire, unless the principles upon which the collections are conducted are widened, and the great masses of the people can be more directly appealed to."

ANSWER TO CORRESPONDENT.—Mr. Lawson.—The Lectures on the Nervous System, by Dr. Wilks, were published in the "Medical Times" and "Gazette," in 1868.

SIR ASTLEY COOPER'S METHOD OF PRESERVING HIS OWN HEALTH.

"Physician, cure thyself," may very often and very justly be said to our doctors, who prescribe rather to earn money than to cure their patients. This taunt, however, cannot be applied to Sir Astley Cooper; for he not only cures his patients, but, by following his own rules and prescriptions, he has preserved his own health unimpaired for many years, though he is so greatly exposed to the daily and nightly fatigues of his laborious profession. Mr. Abernethy, his great rival, on the contrary, forbids his patients not only all sorts of liquor, but often prohibits drink altogether, particularly at dinner, though he himself swigs his wine without fear of the consequences. His practice is right; his advice wrong and unnatural. To prohibit a man from drinking, we think equally foolish with advising him to tipple.

The first rule Sir Astley observes with care, in his own person, is "Temperance," without which it is impossible for the strongest constitution to escape disease. Now there is much meaning in this word *temperance*; for it refers not only to food and drink, but to exercise, clothing, and every sort of sensual indulgence. All these Sir Astley attends to, and he is well and vigorous.

Sir Astley's second rule is "Early Rising," on the principle that the night was given for the rest of the body, and the day for business and labour. But he who sits up till midnight and beyond it, must sleep in the morning, even, as Harvey expresses it, after "the vigorous sun is up and going on his Maker's errand." Whoever does so, must have his nerves loosened, and his strength enfeebled; there is no help for him. Sir Astley attends to this, and he is well and vigorous.

The third rule practised by Sir Astley is "sponging his body with cold water immediately after getting out of bed." He informs us that he has continued this practice since he was twenty-four years of age; and the effect has been that he does not know what it is to get a cold; and though he goes from a warm room, or a crowded assembly, into the open air, in the severest winter nights, and with merely silk stockings on his legs—his health never suffers by cough or catarrh.*

Sir Astley's fourth rule is, that whenever he feels indisposed, in consequence of the fatigues of his profession or otherwise, he takes a dose of "a medicine which never fails to restore him." As our readers may be pleased to know this valuable medicine which the

learned Baronet has prepared for his own use, we shall here give the

RECIPT FOR SIR ASTLEY COOPER'S RESTORATIVE PILLS.

Take four grains of cathartic extract,
One grain of submuriate of mercury.

Make into one pill, to be taken at bed-time; and if not effectual, another pill may be taken on the following morning.

ANOTHER RESTORATIVE PILL BY SIR ASTLEY.

Take two grains of blue pill mass,
Three grains of compound extract of colocynth.

Make into one pill to be taken and repeated as the last.

These are medicines of great value in all those slight indispositions which, though troublesome enough, and heavy on the spirits, do not quite oblige the patient to leave his business and go to bed. We cannot too strongly recommend them; though we think it necessary to say that, like other good things, Sir Astley's pills may be abused, namely, by taking them too often. Nobody, for example, unless fairly invalidated, could possibly require a pill a day. Recollect the rule of "temperance," even in your medicines. Thousands are every day sent to their graves by intemperance in the use of drugs, taken either by their own advice, or by that of the apothecary, whose aim it is to glut the stomachs and suck the purses of his patients by his poisonous draughts. Beware of such, as you value your life. We have devised a proposal for ridding the country of this drug-plague, which shall soon be forthcoming.—*The Doctor.*

The Wards.

MEDICAL.

MARY.—4. Chorea. 5. Pelvic cellulitis. 10. Congenital syphilis. 16. Chorea. 19. Acute rheumatism.

ADDISON.—21. Chlorosis. 23. Tonsillitis. 24. Cirrhosis. 28. Phthisis. 29. Neurosis. 31. Chronic rheumatism. 32. Enterica. 38. Scrofula.

STEPHEN.—2. Suppurating hydatid of liver. 3. Bronchitis and Emphysema. 7. Erysipelas. 8. Bronchitis—enlarged right kidney. 9. Bright's disease. 10. Aneurism of aorta—embolism of femoral. 19. Bronchitis. 20. Bright's disease—erysipelas. 21. Pleurisy. 22. Chorea—morbus cordis. 27. Bright's disease. 29. Cerebral. 30. Rheumatism—systolic mitral bruit. 31. Morbus cordis—Pleuritic effusion. 31. Bronchitis. 34. Acute Rheumatism. 37. Tonsillitis. 37. Phthisis—volvulus. 39. Rheumatism. 40. Aortic disease. 41. Pleuro-pneumonia. 42. Phthisis. 45. Hepatic abscess. 50. Aneurism—dilatation of aorta.

JOHN.—4. Typhoid fever. 10. Hæmoptysis—phthisis.

MIRIAM.—18. Dyspepsia.

PHILIP.—1. Perinephritic abscess. 4. Rheumatic fever. 13. Aneurysmal disease of aorta. 15. Bright's disease. 20. Phthisis. 36. Aortic disease. 37. Pleuro-pneumonia. 39. Cerebral, following blow. 39. Chorea.

BRIGHT.—16. Chorea.

ADDISON.—10. Chlorosis. 17. Pyæmia (?)—Peritonitis.

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PHOSPHORISED LINIMENT. A Continental preparation used with success in the treatment of Rheumatism, &c.

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As much of the uncertainty of operation experienced in the internal administration of Phosphorus is to be traced to the use of Oxidised or Allotropic Phosphorus, Messrs. SAVORY & MOORE beg to state that the foregoing Preparations contain only the *purest* description of this article, which is more certain in its action, and therefore more satisfactory to prescribe.

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GUY'S HOSPITAL.

THE MEDICAL SESSION COMMENCES IN OCTOBER.

The Introductory Address will be given by THOMAS STEVENSON, Esq., M.D., on FRIDAY, the 1st of OCTOBER, at Two o'clock.

MEDICAL OFFICERS.

Consulting Physicians—Sir W. Gull, Bart., M.D., D.C.L., F.R.S.; G. Owen Rees, M.D., F.R.S.

Physicians—S. O. Habershon, M.D.; S. Wilks, M.D., F.R.S.; F. W. Pavy, M.D., F.R.S.; W. Moxon, M.D.

Assistant Physicians—C. Hilton Fagge, M.D.; P. H. Pye-Smith, M.D.; Frederick Taylor, M.D.

Consulting Surgeons—J. Hilton, Esq., F.R.S.; E. Cock, Esq.

Surgeons—J. Cooper Forster, Esq.; Thomas Bryant, Esq.; Arthur E. Durham, Esq.; H. G. Howse, M.S.

Assistant Surgeons—N. Davies-Colley, M.C.; R. Clement-Lucas, B.S.; C. H. Golding-Bird, Esq.

Consulting Obstetric Physician—Henry Oldham, M.D.

Obstetric Physician—J. Braxton Hicks, M.D., F.R.S.

Assistant Obstetric Physician—A. L. Galabin, M.D.

Ophthalmic Surgeon—C. Bader, Esq.

Assistant Ophthalmic Surgeon—C. Higgins, Esq.

Surgeon Dentist—S. J. A. Salter, M.B., F.R.S.

Assistant Surgeon-Dentist—H. Moon, Esq.

Aural Surgeon—W. Laidlaw Purves, Esq.

Medical Registrars—Frederick Taylor, M.D.; J. F. Goodhart, M.D.

Surgical Registrar—Frederic Durham, Esq.

Apothecary—James Stocker, Esq.

The Hospital now contains 690 beds. Of these 220 are for Medical Cases; 250 for Surgical Cases; 26 for Diseases of Women; 48 for Syphilitic, and 50 for Ophthalmic Cases. There are also 30 children's cots, and 60 reserve beds, with 8 in private rooms.

In connection with the Lying-in-Charity, about 2,500 cases are annually attended by the Students.

Number of Patients relieved during the year, about 91,000.

LECTURES, DEMONSTRATIONS, AND PRACTICAL COURSES.

Medicine—Dr. Habershon and Dr. Wilks.

Clinical Medicine—Dr. Habershon, Dr. Wilks, Dr. Pavy, and Dr. Moxon.

Surgery—Mr. Bryant and Mr. Arthur E. Durham.

Clinical Surgery—Mr. Forster, Mr. Bryant, Mr. Durham, and Mr. Howse.

Practical Surgery—Mr. Davies-Colley.

Clinical Lectures on Midwifery and Diseases of Women—Dr. Braxton Hicks.

Morbid Anatomy—Dr. Hilton Fagge and Dr. Goodhart.

Cutaneous Diseases—Dr. F. Taylor.

Anatomy (Descriptive and Surgical)—Mr. Howse and Mr. Davies-Colley.

Practical Anatomy—Mr. Clement Lucas, Mr. Golding-Bird, and Mr. Jacobson.

Physiology and General Anatomy—Dr. Pavy and Dr. Pye-Smith.

Practical Physiology—Dr. Pye-Smith.

Chemistry—Dr. Debus and Dr. Stevenson.

Experimental Philosophy.—Mr. A. W. Reinold.

Practical Pharmacy—Instruction will be given in the Hospital Dispensary.

Clinical Lectures in Medicine, Surgery, and Midwifery, weekly.

Special Classes are held in the Hospital for Students preparing for the Examinations of the University of London, and the College of Surgeons.

The Museum of Anatomy, Pathology, and Comparative Anatomy (Curator Dr. Fagge) contains 11,000 specimens, 4,500 Drawings and Diagrams, an unique collection of Anatomical Models, and a series of 600 Models of Skin Diseases.

Appointments.—The House-Surgeons and House-Physicians, the Obstetric Residents, Clinical Assistants and Dressers are selected from the Students according to merit, and without payment. There are also a large number of junior appointments, every part of the Hospital practice being systematically employed for instruction.

Prizes.—Two Entrance Scholarships, one of £60 and the other of £30, are awarded in October to first year's students for proficiency in Classics and Mathematics, Modern Languages, Botany, Physics, and Chemistry.

Six Scholarships, varying in value from £10 to £50 each, are awarded at the close of each Summer Session for general proficiency.

Two Gold Medals are annually given by the Treasurers—one in Medicine and one in Surgery.

Gentlemen desirous of becoming Students must give satisfactory testimony as to their education and conduct.

Fees.—The payment of one hundred guineas in one sum on entrance, or in two moieties, at the commencement of the first Winter and of the following Summer Session, entitles a Student to a Perpetual Ticket.

Payment may be made by instalments at the commencement of each sessional year, as follows:—First year, £40; second year, £40; third year, £30; on payment of this instalment, the Student is entitled to a Perpetual Ticket.

Several of the Lecturers have vacancies for Resident Private Pupils.

For further information, apply to the Dean, Dr. F. TAYLOR, or the Secretary, Mr. STOCKER.

Guy's Hospital, July, 1875.